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Commonwealth of Massachusetts
Executive Office of Elder Affairs

Elder Protective Services Program Report

Fiscal Year 1989

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Governor

PAUL J. LANZIKOS
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**EXECUTIVE OFFICE OF ELDER AFFAIRS
ELDER PROTECTIVE SERVICES PROGRAM
FISCAL YEAR 1989**

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The Commonwealth of Massachusetts

Executive Office of Elder Affairs

38 Chauncy Street, Boston, Mass. 02111

MICHAEL S. DUKAKIS
GOVERNOR

PAUL J. LANZIKOS
SECRETARY

Dear Friend,

Thousands of vulnerable, elderly victims of abuse and neglect live in fear every day in communities across the Commonwealth. Reports are on the rise. During the past six years, reports of elder abuse and neglect have more than doubled.

The Protective Service Program protects individuals who are at-risk of abuse, 60 years and older, and live in the community. Our program is one of the finest in the country. This year, we took some steps to make the program even stronger.

First, we initiated written program standards to better guide the work of protective service social workers. We also developed standard procedures for intake and improved our intake form. These steps will help us to collect valuable data statewide so that we can more effectively monitor incidents of abuse and neglect and ensure that our services respond to the diverse needs of elderly victims.

Second, we conducted statewide surveys to examine the problem of self-neglecting elders who are not included in the Protective Services Program. With the survey results, we will be able to determine the best way to respond to this serious problem. Third, we developed a video training library for protective services staff and expanded our outreach efforts in the community to increase our ability to educate professionals and the general public about elder abuse and neglect.

These improvements were only some of those effected this year and were made at a time of diminished resources and with a great deal of sensitivity and creativity by protective service staff members.

While we are proud of our accomplishments, there is much to be done. I look forward to working with you in the future as we strive to protect some of our most vulnerable citizens from harm.

Sincerely,

A handwritten signature in black ink that reads "Paul J. Lanzikos".

Paul J. Lanzikos

TABLE OF CONTENTS

Executive Summary	1
Elder Protective Services Program	4
Organization	4
Implementation	6
FY '89 Accomplishments	19
Protective Services Agencies	19
Special Projects	25
FY '90 Initiatives	40

Appendices

Appendix A.	Chapters 604 and 566 Combined: <u>An Act Providing Protection for Elderly Persons.</u> Chapter 19A, Sections 14 to 26.
Appendix B.	651 CMR 5.00 <u>Regulations Governing The Elder Abuse Reporting and Protective Services Program.</u>
Appendix C.	Intake Standards of Practice
Appendix D.	Revised Elder Abuse Intake Form
Appendix E.	Index of Designated Protective Services Agencies.
Appendix F.	Index of Guardianship Contractor Agencies.

Making a Difference in the Lives of Abused Elders

Throughout this report, case examples are given which are representative of elders in whose lives Protective Services has made a difference. Elders are not always willing to accept help; many choose to live under difficult and painful conditions. However, the many success stories we hear about at Elder Affairs remind us that we are not only serving a certain population described in our statistics, but are making a crucial difference in the lives of individual elders who would otherwise suffer needlessly without Protective Services intervention.

Personal identifiers have been changed to protect client confidentiality.

Executive Summary

The Elder Protective Services Program, mandated by the Protective Services Statute (M.G.L., Chapter 19A. s. 14-26), is responsible for providing services to abused and neglected elders of the Commonwealth, aged 60 and over. Elder abuse is defined as "an act or omission which results in serious physical or emotional injury to an elderly person." Abuse includes physical battering and emotional maltreatment. Neglect includes the deprivation of necessities. Since July 1983, when the law took effect, reports of abuse or neglect have increased from 1,529 in FY '84 to 3,094 reports in FY '89. This is an increase of 102%, or a doubling of the number of reports received within six (6) years.

During FY '89, cases of abuse and neglect increased 12 percent. Most of this increase occurred in the eastern portion of Massachusetts.

The Protective Services Program is administered by the Executive Office of Elder Affairs, Office of Program Management. The Unit normally includes a Protective Services Director, five Regional Supervisors and a Program Specialist. Each Regional Supervisor is responsible for the Protective Services Agencies clustered in one geographical area of the state: North, South, Greater Boston, Central and West. The Program Specialist has responsibility for management of the Protective Services contracts which deal with Elders at Risk, Guardianship and the 24-hour Elder Abuse Hotline. During FY '89, four Regional Supervisors were responsible for five (5) Regions, and the Elder At Risk, Homeless, Guardianship and Hotline Programs. The Program Specialist and Southern Regional Supervisor positions were not filled due to state management staff reductions.

Protective Services Delivery is provided by twenty-six Home Care Corporations and one Community Mental Health Center which have been designated by the Executive Office of Elder Affairs as Protective Services Agencies. Each designated agency is required to: receive and screen reports of abuse and neglect, conduct an assessment and functional evaluation and provide or arrange for Protective Services. Services provided may be casework, homemaker, home-health aides, transportation, legal assistance, nutrition or other services necessary to alleviate the abuse or neglect.

The Elder Abuse Hotline operates 24-hours-a-day, 7-days-a-week to receive reports of abuse or neglect. Each designated Protective Services Agency has on-call staff to respond to emergency situations which occur after business hours. Elder Affairs staff can also be contacted through the Hotline for emergency consultation on a 24-hour basis.

The Protective Services Program provides casework/counseling services to vulnerable elders through contracts with community agencies in Boston and Worcester under the Elder At Risk Program. These agencies intervene to offer services to elders who are not abused or neglected but who are "at risk" due to other factors which effect their ability to remain safely in the community.

The Guardianship Program serves elders who have been abused or neglected. The Executive Office of Elder Affairs contracts with seven (7) private, non-profit social services agencies to provide guardianship and conservatorship services to elders who are at risk of injury, are incompetent and who have no other resources available to them.

The Executive Office of Elder Affairs maintains a strong commitment to abused and neglected elders of the Commonwealth, and continues to explore innovative and more cost effective ways to better serve this population.

In response to concerns about the growing number of "at risk" elders identified across the Commonwealth who are not appropriate for Protective Services, two statewide surveys were conducted in conjunction with Massachusetts Home Care Association. Information from 130 responding agencies indicated a need for a statewide Elder At Risk program. The surveys, and program audits of existing Elder At Risk Programs, revealed a need for targeting the most vulnerable elders, and to expand services, state wide, using existing program funds allocated to the Elder At Risk Program. In effect, monies would be focused on the Commonwealth's most needy elders. A Request for Proposals was developed for issuance and plans made to begin a state-wide Elder At Risk Program in FY '90.

During FY '89, in response to the passage of Chapter 566 legislation, Protective Services Regulations were changed to reflect statutory amendments. Statewide training was conducted for Protective Services Agencies.

Linkages with other State agencies were initiated. The Executive Office of Elder Affairs met with the Department of Mental Retardation to address the specialized needs of abused, mentally retarded elders in the community. Meetings were also initiated with the Department of Mental Health to clarify the handling of cases of abuse or neglect of elderly mental health clients. The Executive Office of Elder Affairs and the Disabled Persons Protection Commission joined together to contract for state-wide hotline services. This resulted in a savings of \$40,000 for Elder Affairs.

Standards of practice for the receipt and handling of reports of abuse and neglect were developed and disseminated to the field in conjunction with a revision of the Elder Abuse Intake Form. Implementation of the Intake form is planned for FY '90.

Other program initiatives during FY '89 included the establishment of a state-wide Protective Services videotape, training library; issuance of a protocol clarifying reporting to District Attorneys; development of a program instruction to clarify what situations constitute cases of neglect; issuance of guidelines for improved guardianship program monitoring; allowance for purchasing interpreting services to conduct assessments of abuse with non-English speaking elders; issuance of guidelines to clarify how long guardianship cases may be kept open after the death of wards; issuance of revised procedures for accessing emergency services; and the development of improved procedures for gathering guardianship program statistics.

Elder Protective Services Program

ORGANIZATION

The Executive Office of Elder Affairs' Protective Services Program includes the following components which are administered or monitored by Elder Affairs.

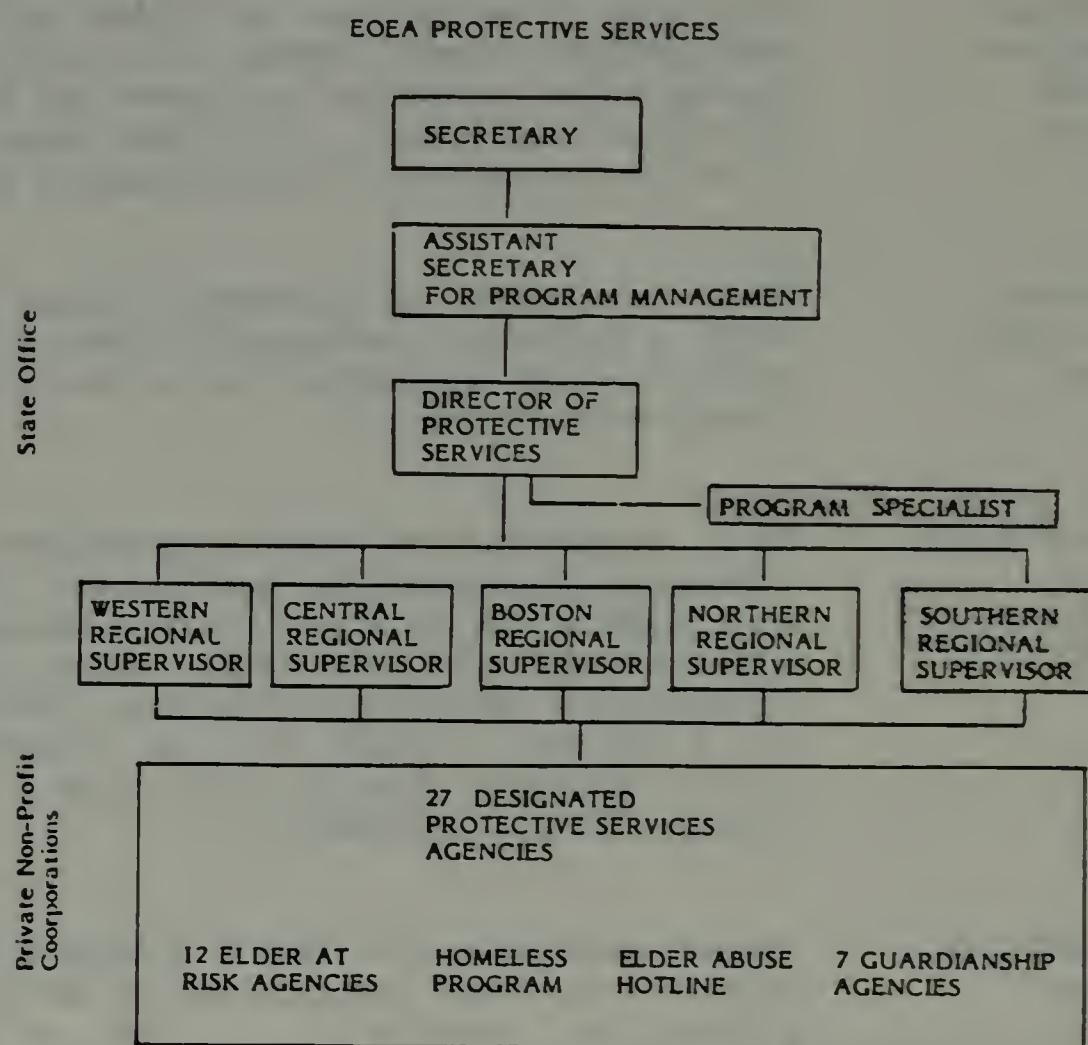
Protective Services Unit	Attached to the Executive Office of Elder Affairs Office of Programs is the Protective Services Director, five Regional Supervisors and a Program Specialist. One Regional Supervisor and the Program Specialist position have been vacant since 1988.
Designated Protective Services Agencies	The Executive Office of Elder Affairs has designated twenty-seven (27), private, non-profit agencies to serve as Protective Services Agencies. All but one are Home Care Corporations (see Appendix E).
Statewide Elder Abuse Hotline	This component is operated under contract with a private, non-profit social service agency. It operates on a 24-hour-a-day, 7-day-a-week basis.
Elder At Risk Program	This component currently provides casework/counseling services, which are available in Boston and Worcester for elders who do not fall under the Elder Protective Services Statute, but who are at risk of injury due to other factors which effect their ability to remain safely in the community.
Guardianship Services	These services are for a limited number of elders who need guardianship to prevent abuse or neglect. For a list of Guardianship Contractor Agencies, please see Appendix F.

**Homeless
Elders
Project**

This is a specialized program for homeless elders in Boston. The Project provides housing search assistance, arranges for health and social services, assistance with personal care needs and information and referral services.

The Protective Services Unit reports directly to the Assistant Secretary for Program Management. Staff from the Executive Office of Elder Affairs has been assigned to each of the five regions within the Commonwealth. In addition to developing statewide programs and policies, Regional Supervisors provide program monitoring and evaluation, and clinical support and consultation. Elder Affairs staff is also responsible for establishing regulations and casework standards and ensuring the implementation of these in the field.

The Elder Protective Services Program operates in twenty-seven (27) Protective Services areas which are congruent with the Executive Office of Elder Affairs' Home Care services catchment areas.



IMPLEMENTATION

The structure of the Elder Protective Services Program allows the sharing of responsibilities between the Executive Office of Elder Affairs and the designated agencies. The roles of Elder Affairs and the Protective Services Agencies, and the activities involved in meeting these responsibilities, are discussed below.

Designated Protective Services Agencies

Designated Protective Services Agencies have the responsibility for delivering Protective Services at the local level. Their major responsibilities and program objectives are:

• Employment of Protective Caseworkers

At the end of FY '89, there were over 60 full-time equivalent caseworker positions. Although the Executive Office of Elder Affairs established a standard job description and professional qualifications for Protective Caseworkers, they are not employees of Elder Affairs. Rather, they are employees of their respective Protective Services Agencies. The Protective Services Agency maintains qualification standards, supervises the work of caseworkers and provides on-going training to staff.

• Provision of Protective Services

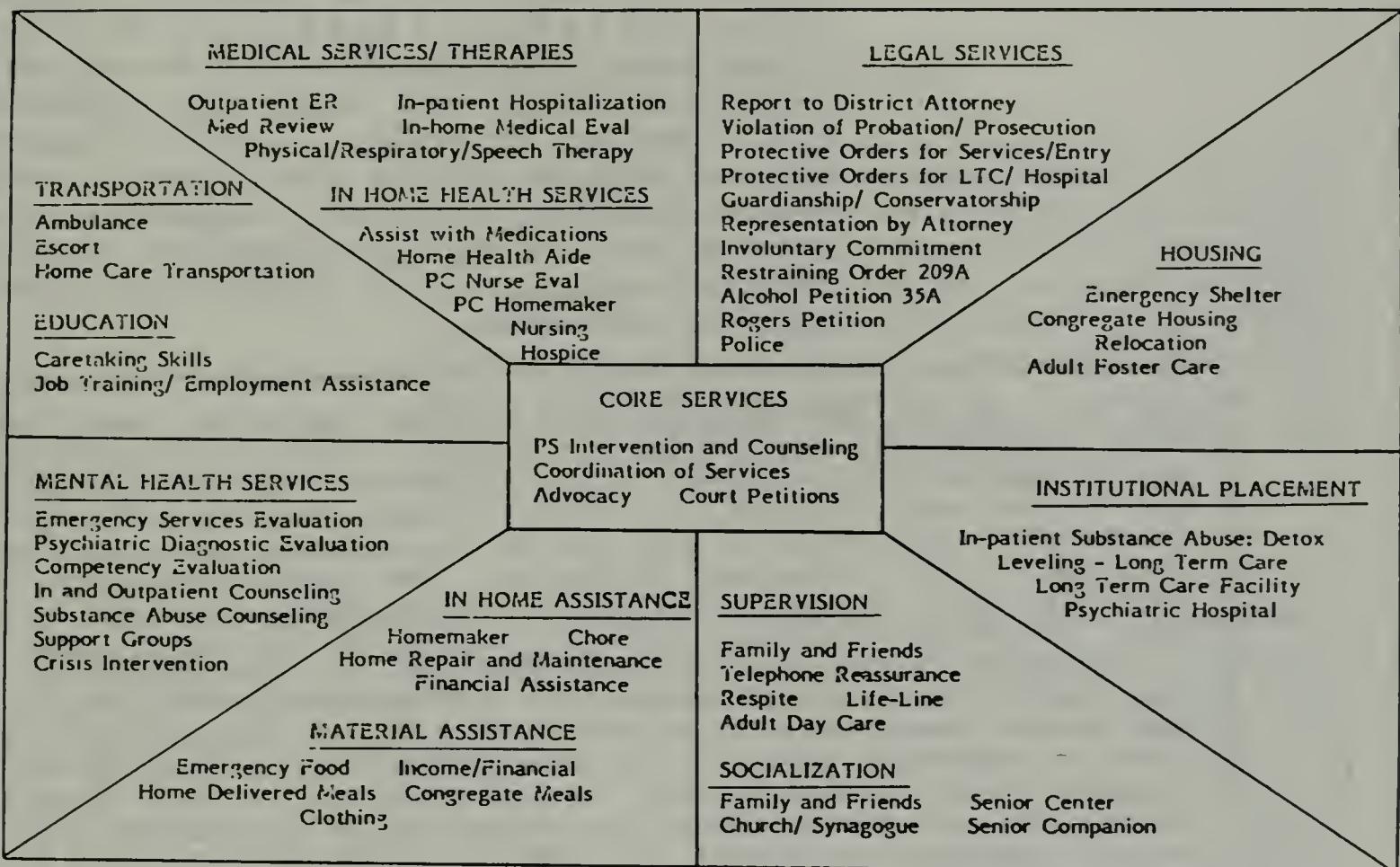
A report of elder abuse can be received from mandated reporters such as, physicians, police and social workers, from family and friends or from an abused elder. These reports are received by either the 24-hour Elder Abuse Hotline, or by the Protective Services Agency. Each report is screened to determine if an emergency exists and if the report warrants an Assessment under M.G.L., Chapter 19A, s. 14-26. Many cases that are "screened out" as not being "reportable abuse" cases are, in fact, channeled into the regular Home Care services process and may receive services through the state Home Care Program.

Protective Services Caseworkers have primary responsibility for conducting Assessments to determine whether abuse has occurred and to complete Functional Evaluations of elders to determine their mental, physical, social functioning and service needs. Caseworkers then develop Service Plans and provide or arrange for services which are designed to alleviate or eliminate abuse. Client-focused advocacy is crucial to the protection of abused elders, who may be confused and overwhelmed by difficult living circumstances and by a complex social services system.

Services are provided with the informed consent of the elder. Elders at risk of serious abuse, who lack the capacity to consent to services, may receive services ordered by the court. Because of the strong client advocate stance of Elder Affairs, services provided must be the least restrictive services available. Caseworkers first attempt to locate and secure services which allow elders to remain at home. Elders are actively supported in their right to self determination and independence while they are helped to live free from harm.

Mrs. K., age 67, was fearful that her husband, a well-respected businessman in their community, would kill her, should she accept Protective Services assistance. On several occasions, she arrived at the Mental Health Day Program with bruised arms, face and swollen lip. A report was filed, and the Protective Services Caseworker spoke with Mrs. K. who consistently refused to allow the Caseworker to speak to her husband. On two occasions reports were made, assessments conducted and the case closed, due to Mrs. K's. refusal of assistance. Reports were also made to the District Attorney. Mrs. K. was noted to be competent and able to choose not to have Protective Services intervention. A third report was received that Mrs. K. sustained welts across both her legs when Mr. K. struck her with a belt. On this occasion, probably in relation to worsening abuse and a relationship formed with the Caseworker, Mrs. K. accepted assistance. The Protective Caseworker met with the husband, indicated another report to the District Attorney was being filed and eventually convinced him of the need for counseling. Through counseling and fear of prosecution, Mr. K. has stopped physically abusing his wife.

Services which may be arranged or provided by the Protective Services agency are:



Protective Services are terminated either when the abuse/neglect is alleviated, or when the elder makes the informed choice of refusing further Protective Services. When Protective Services end, clients may, if appropriate, continue to receive Home Care services.

•Legal Intervention

Reporting Serious Abuse and Death to District Attorneys

Massachusetts General Laws, Chapter 19A, Sections 14 to 26 (see Appendix A), mandates the reporting of serious abuse and abuse-related deaths to District Attorneys. Standardized procedures and reporting forms are used for reports to the District Attorney. Once a report is filed, the District Attorney's office makes a determination, regarding legal action, while the Protective Services Worker continues to offer services to protect the elder.

Mrs. D., age 75, was admitted to a hospital where she nearly died from hemorrhaging due to sexual assault. Mrs. D's. son brought her to the hospital where it was discovered she had sustained severe vaginal tearing into her bladder from assault with a flashlight. She required skin grafts for external pelvic bruising related to the internal injuries. Following recovery from intensive care, Mrs. D. consistently denied being assaulted by her son, claiming she had inflicted this injury upon herself. Although periodically delusional, Mrs. D. was found to be competent. She refused assistance with protection from her son. The Protective Services Caseworker filed a report with the District Attorney based on conversations with the son where he appeared obsessed with talking about cleaning the bloodied flashlight and observations by the attending physicians that it was physically impossible for Mrs. D. to have inflicted this injury on herself, prior to losing consciousness. In response to this report to the D.A., a state police investigation was initiated. While a number of attempts were made to obtain a statement by Mrs. D. that assault did occur, these were unsuccessful. Although the Protective Services and the District Attorney's office coordinated their efforts closely, not enough evidence could be found to prosecute without Mrs. D's. testimony. Mrs. D. refused Protective Services, and court action, but has agreed to nursing home placement. The District Attorney is keeping this case open as a deterrent to the son convincing his mother to leave the nursing home and return home.

Protective Orders

Protective Orders, through the probate court system, may be used in situations when an abused or neglected, elderly person lacks the capacity to consent to Protective Services. In such circumstances, sections 20(a) & (b) of M.G.L. Chapter 19A enable designated Protective Services Agencies to petition the probate court for a finding regarding the elder's capacity to consent.

The court may then issue an order for the provision of Protective Services which utilizes alternatives that are the least restrictive to the elderly person. The Elder Affairs Protective Services Regulations provide procedures for both emergency and non-emergency Protective Orders.

Guardianship Petitions

With a limited Guardianship Program to serve elders at risk of injury and who are in need of a conservator or guardian, Protective Services Agencies may petition the courts for an appointment of legal fiduciary when this is the least restrictive alternative remaining to provide for the protection of elders, lacking the capacity to consent to services.

Mrs. M., age 71, has been able to remain in the community for over six years with the help of a Conservator. Mrs. M. had decided not to pay rent due to a delusion that her deceased husband was in the Navy and was paying her rent. Mrs. M. had been in and out of state hospitals and had been diagnosed as paranoid schizophrenic. She was facing eviction and placement in long-term care after eleven months of non-payment of rent. A daughter, who had been handling her other bills became frustrated with her mother's behavior and withdrew her support. Mrs. M. had also been hitting neighbors with her cane and collecting and saving junk and rubbish which became a fire hazard. Because Mrs. M. was putting herself at risk, she received a Conservator. When Mrs. M. required a hip replacement and it was determined that she was unable to make medical decisions, a guardianship was obtained through the Protective Services Guardianship Program. The Guardian was able, over several years, to work with Mrs. M.'s neighbors to help them learn how to respond to her behavior, pay rent due, and was able to convince Mrs. M. to part with the newspapers and rubbish in her apartment. Although the apartment consists of narrow pathways between rooms piled full of furniture and other belongings, the hazard from fire has diminished. Mrs. M. now enjoys the visits of her Caseworker, who has also established a bank account for Mrs. M. with monies left after paying bills to insure her protection, and has convinced Mrs. M. to accept the services of a Personal Care Homemaker and Meals on Wheels. Mrs. M. attends church and takes a bus to go shopping. In addition to protecting Mrs. M.'s right to independence, it is estimated that the state has saved over \$196,000 to date, or about \$32,000 per year, due to the successful efforts of the Guardian to maintain Mrs. M. at home rather than in a nursing home or DMH facility.

• Community Education

Protective Services Agencies have the responsibility for informing other professionals in the community of the mandatory reporting law and procedures.

Protective Services Agencies provide extensive training and community outreach to ensure that professionals have current information on Elder Protective Services.

Training sessions have been provided for hospitals, Visiting Nurse/Home Health Associations, Police Departments, Mental Health Centers, Senior Centers, Councils on Aging and other Social Service organizations. Training and community education are important in order to maintain awareness of Elder Protective Services as well as to develop links with community agencies which also serve elders.

The EOEA Protective Services Unit

The Executive Office of Elder Affairs has the responsibility for coordinating the effective and efficient delivery of Protective Services on a statewide basis. The major activities and program responsibilities of Elder Affairs are:

• Program Monitoring

Through the four Regional Supervisors, each designated Protective Services, Guardianship, Elder At Risk and Hotline Agency is monitored for adherence to Elder Affairs Protective Services Regulations (651 CMR 5.00), Program Instructions and quality of service provision.

• Clinical Consultation and Training

The Protective Services Director and the Regional Supervisors are available to all designated agencies on a 24-hour basis for clinical consultation on difficult, abuse cases and in emergency situations.

Training on clinical and regulatory issues occurs on a regular basis both through monthly regional meetings and periodic seminars.

• Program and Policy Development

The Protective Services Director and Regional Supervisors have responsibility for ongoing reassessment of current policy and practice, development of program modifications and creating new program initiatives to better meet the needs of abused elders in Massachusetts.

• Data Collection

The Executive Office of Elder Affairs collects monthly statistics from each designated agency regarding the number and types of reports received, the results of assessments conducted, and the number of cases opened and closed during each month. These statistics are aggregated on both a regional and statewide basis.

• Community Education

Community education is the primary means of increasing public awareness of elder abuse. Elder Affairs provides general information regarding elder abuse and specific information regarding reporting requirements and procedures to the general public. In addition, Office of Elder Affairs staff has presented to local and national conferences, to community groups and to professional organizations.

The Regional Supervisors also work with each designated Protective Services Agency to ensure that mandated reporters in each area are knowledgeable about reporting and available services.

Statewide Elder Abuse Hotline

The Protective Services Statute mandates the Executive Office of Elder Affairs to establish a mechanism for the receipt of reports on a 24-hour-per-day basis. Further, it requires designated Protective Services Agencies to have the capacity to respond to an emergency and to arrange for services to alleviate the danger of abuse to an elder on a 24-hour-per-day basis.

The Elder Abuse Hotline operates 24-hours-a-day, 365-days-a-year to receive reports of elder abuse or neglect as well as to provide information and referral services to elders. Each Designated Protective Services Agency is required to have one staff person, on call by pager, after business hours and to have administrative back up available.

If the staff of the Elder Abuse Hotline determines that an immediate emergency response is necessary, the Hotline pages the local Caseworker. That designated agency staff person then responds in order to alleviate the risk to the elder.

The Executive Office of Elder Affairs also maintains after-hours coverage for emergency Protective Services situations. Each night and on weekends, one Regional Supervisor carries a pager in order to be available for consultation. The Protective Services Director also carries a pager and serves as administrative back-up. The toll-free number in Massachusetts is (800) 922-2275.

The Elder Abuse Hotline was called on a Saturday morning by a Homemaker who found a bloodied wall where Mr. C. had fallen and hit his head. Mr. C. was confused and refused to seek medical attention stating that he had not eaten for several days. The Hotline paged the local On-call Worker who went to Mr. C's. home. It was learned that Mr. C. had neglected to care for his elderly sister, who was hospitalized for malnourishment after falling and lying on the floor for several days. Once she was gone, Mr. C. was unable to prepare meals for himself and had likely fallen due to a loss of equilibrium brought about by not eating and becoming intoxicated. Through the persistent efforts of the On-call Caseworker and police, Mr. C. was convinced to go to the hospital for treatment.

Guardianship and Conservatorship Program

The statewide Guardianship/Conservatorship Program operates as a component of the Elder Protective Services Program and is intended to serve abused and neglected elders as defined by M.G.L., Chapter 19A, s 14-26.

Elder Affairs contracts with five (5) family service and two (2) mental health agencies to provide guardianship, limited guardianship, conservatorship and representative payee services to elders deemed incompetent by the court and at risk of injury.

The primary objective is to act as an adjunct to Protective Services, when no other less restrictive means are available to protect elders who are lacking the capacity to consent to services.

This is a program of last resort and, therefore, admission is stringently monitored. This is for two reasons. The primary reason is because guardianship and conservatorship are protections utilized only in extreme situations when all less restrictive alternatives to ensure an elder's safety have been exhausted. The second reason for careful screening is because of the relatively small number of available slots that must be reserved for the worst situations.

The referral process is multitiered. First, the case is screened at the level of the designated agency by the worker and supervisor. It is then screened by a Regional Protective Services Supervisor. At this point, it is very common for cases to be refused access - due to inappropriateness or because there are alternatives still to be explored. A final decision on difficult cases may be reached through consultation with the Protective Services Director and a staff attorney.

The criteria for admission are:

1. No other appropriate person
2. Few financial resources, or resources are not accessible
3. Lack of guardianship could result in serious injury, exploitation or death of the elder
4. All other alternatives have been explored
5. Medical certificate of incompetency.

Guardianship agencies provide all services necessary to carry out the orders of the court and to meet the needs of the elder. These include financial management, arranging for services, social casework and management of personal affairs.

It was reported that Mrs. C., a severely demented, elderly woman living by herself, was leaving her home in the middle of the night and becoming lost. On several occasions, the police found Mrs. C. and took her to her daughter's house. Mrs. C. was also unable to handle her own finances, and bills were not being paid. Mrs. C's. daughter attempted to assist with administering medications, and getting her to Elder Day Care; however, Mrs. C. was at risk of injury because of her inability to find her way home. The daughter, Mrs. W., was overwhelmed with the care of her own family and mother, and was hesitant to take responsibility to insure her mother's safety by obtaining guardianship and placing Mrs. C. in a nursing home. The Protective Services Caseworker was able to convince Mrs. W. to become her mother's guardian only by offering the assistance of the Protective Services Agency in petitioning the court for guardianship and the local Guardianship Agency to provide short-term casework assistance for six (6) months. After Mrs. W. was named her mother's temporary guardian, the Guardianship Caseworker assisted her in setting up a financial plan and burial account, preparing a court inventory of assets, intervening with Medicaid to pay overdue hospital bills, obtaining fuel assistance to pay gas bills, establishing Mrs. W. as Representative Payee for Mrs. C., and placing Mrs. C. in a nearby nursing home where she is now safe from injury. The provision of short-term assistance helped the daughter become guardian, rather than an agency funded by the Commonwealth.

In monitoring these agencies, the Executive Office of Elder Affairs places primary emphasis on how well the agency is ensuring the elder's safety. Safety is to be ensured by implementing the least restrictive means while involving the elder in the decision making process as much as possible. The major goals of this program are:

1. To protect the non-competent elder from harm and exploitation, and
2. To preserve, as much as possible, the non-competent elder's rights to self determination and dignity.

Guardianship contracts include the provision of time-limited, casework assistance to families as a way of helping families take responsibility in providing care for their elders while reducing costs to the state in caring for abused, incompetent elders. Currently there is the capacity to serve 115 elders.

Elder At Risk Program

Since 1985, the Executive Office of Elder Affairs has been the contracting agency for the former Department of Social Services Elder Protective contracts. There are twelve (12) agencies involved in the current Elder At Risk Program (EAR), including nine (9) Boston and three (3) Worcester agencies. The program continues to be funded through a private/public partnership of 75 percent public funds to a 25 percent ratio of private funds.

The goal of the EAR contract is to target frail, self-neglecting, marginally competent elders, living in the community, who are often not otherwise eligible and/or willing to accept services.

Individual and/or family alcoholism and mental health problems, which impact on the elder's functional status are appropriate issues for inclusion under this contract. Intervention, designed to alleviate problems which otherwise might lead to the elder's eviction, is also seen as appropriate by Elder Affairs.

Our intention is to provide problem-focused, goal-oriented, casework/counseling which is designed to alleviate the factors that are placing the elder at risk.

The key indicator for deciding appropriateness for inclusion in the EAR program, is whether the client is "at risk" due to any existing problems. Operationally defined, an elder is "at risk" if that elder would not be able to safely remain in the community without agency intervention.

The Office of Elder Affairs plans a major statewide expansion of the Elder At Risk program, using current EAR funds, to address the needs of at-risk elders in all the communities of the Commonwealth.

The Homeless Program

This is a program, funded at the Boston III Home Care Corporation, which is designed to provide services to homeless elders in Boston. Most of these elders require intensive casework intervention. Seventy-eight (78) such cases were open in FY '89. Services provided can include health care coordination, transportation, assistance in the housing search, placement in temporary emergency housing, placement in permanent housing, assessment of the need for guardianship or conservatorship and home care services.

In addition, caseworkers assist clients in accessing income and benefits for which they may be eligible, in obtaining legal assistance and in receiving evaluation and treatment. The Homeless Elders Program has been successful in obtaining temporary and permanent housing for many homeless elders.

For six years, Ms. W., age 64, slept in doorways on the streets of Boston or in subways. On one occasion she suffered frostbite. Ms. W., a graduate of an elite Massachusetts college, had worked as a business woman in resorts for most of her life. Ms. W. had never married. Related in part to a broken relationship with a close friend, Ms. W. developed a serious depression during which she left her home. The Homeless Program Caseworker was able to gradually win her trust, and provided Ms. W. with temporary shelter and referral for counseling. Now on medications, Ms. W. appears more outgoing, energetic and has made friends at shelters. Ms. W. is now off the street, and due to the efforts of the caseworker, Ms. W. has a part-time job, has discovered \$53,000 in assets and expects to move into permanent housing shortly.

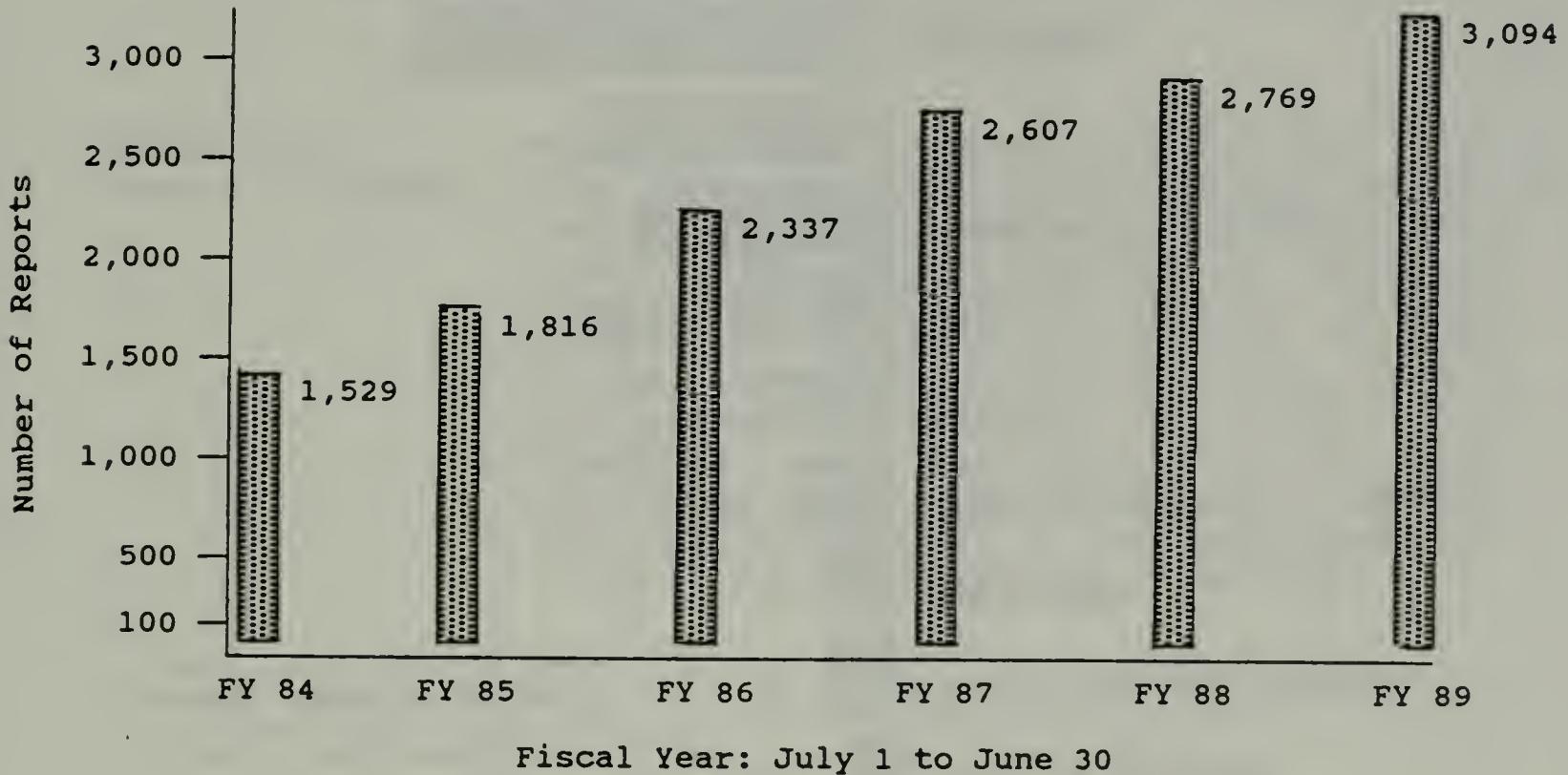
FY'89 Accomplishments

PROTECTIVE SERVICES AGENCIES SERVICE PROVISION

Increasing Reports of Abuse

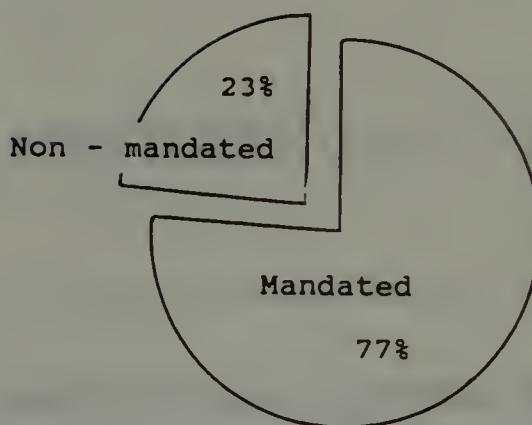
Reports of abuse and neglect have increased from 1,529 reports in FY '84 to 3,094 reports in FY '89, or an increase of 102 percent in six (6) years. Reports made in FY '89 increased 12 percent over FY '88.

REPORTING TREND FY '84 TO FY '89



Mandated Reporting

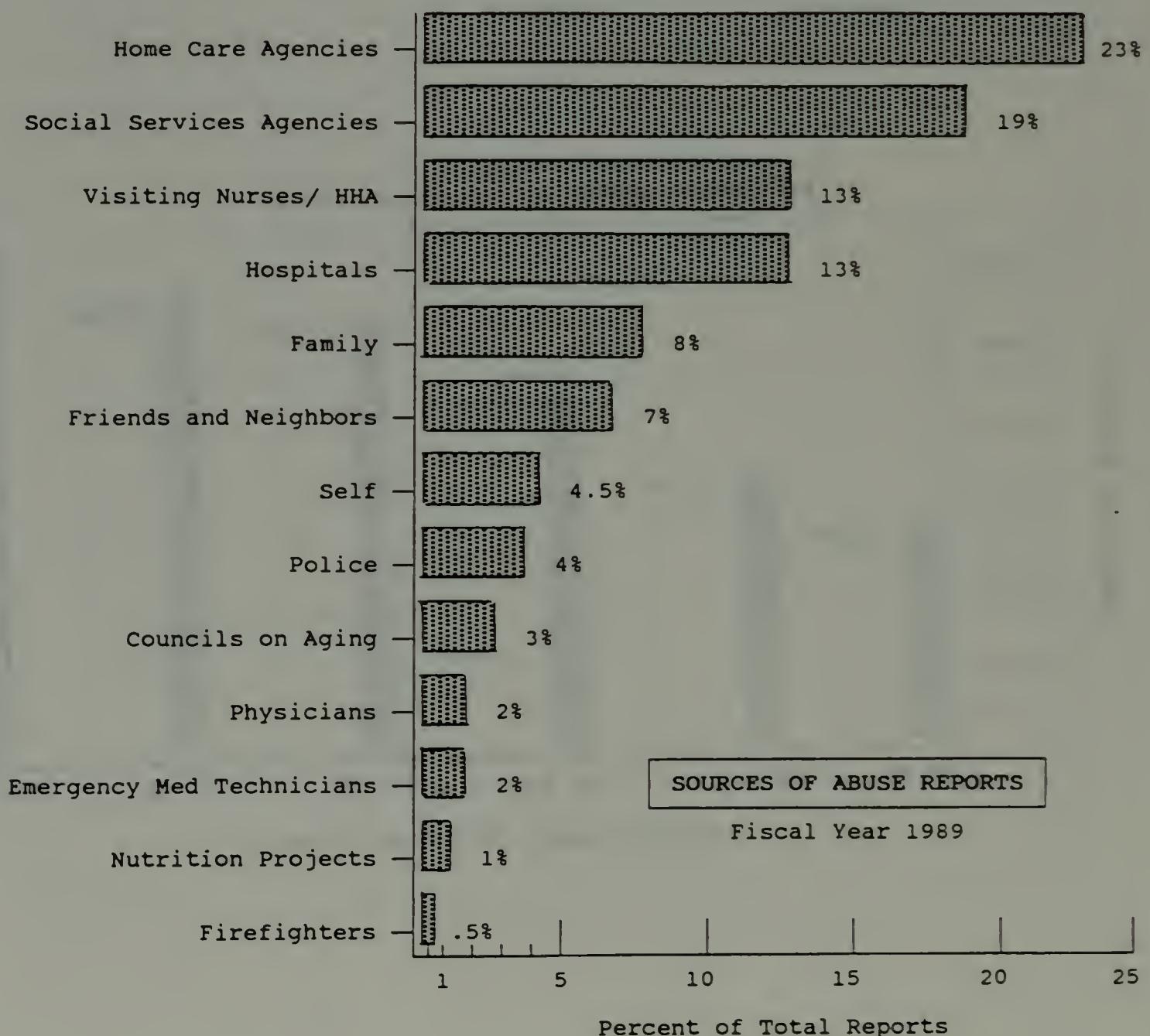
During FY '89, 3,094 reports of abuse and neglect were received. Mandated professionals filed 2,373 reports, while 721 reports were received from non-mandated reporters, such as family and neighbors. Self-referrals and friends contributed 587 of those non-mandated reports which were made, or 19 percent of the total reports received.



Reports Received FY'89

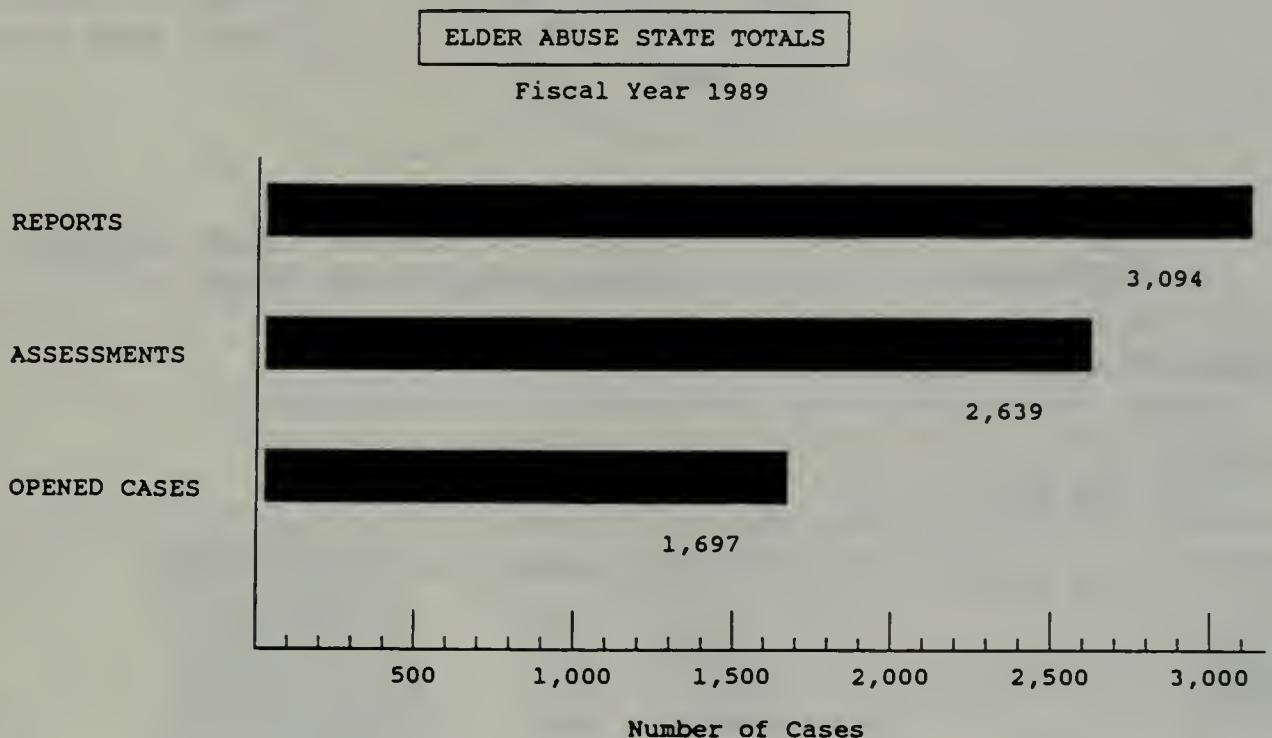
Sources of Reports

Sources of FY '89 reports for the Commonwealth broken down were:



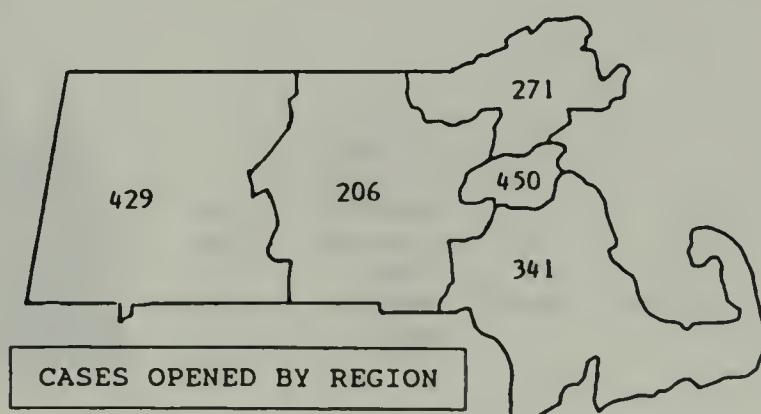
**Reports Received
and Cases Opened
to Provide
Protective
Services**

Of the 3,094 abuse and neglect reports received statewide in FY '89, 2,639 or 85 percent were assessed - in accord with 651 CMR 5.14 of the Protective Services Regulations. Of those cases investigated, 1,697 or 55 percent were found to involve abuse or neglect and were opened to provide Protective Services. Opened cases increased 12 percent over last year.

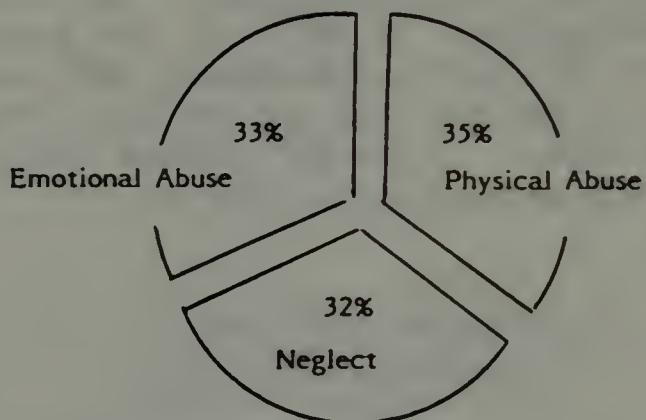


**Total Cases
Opened by Region**

Cases opened for services provision in the Commonwealth during FY '89 by region were 450 Greater Boston, 429 Western Region, 341 Southern Region, 271 Northern Region and 206 Central Region. Greater Boston accounts for the greatest increase in Massachusetts protective cases, with a 33 percent increase over FY '88. Northern and Southern Regions each increased by 12 percent; the Western Region increased 1 percent and the Central Region decreased 6 percent.



Types of Reports
Physical Abuse
Neglect and
Emotional Abuse

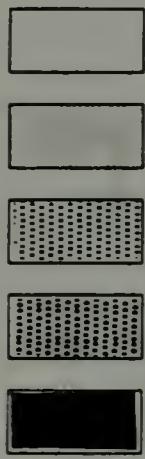


Of the 1,697 cases opened throughout the Commonwealth, 592 or 35 percent involved physical abuse, 564 or 33 percent emotional abuse and 541 or 32 percent neglect as the primary case focus. Neglect and physical abuse cases increased, while the number of emotional abuse cases decreased over FY '88. It is noted that cases often involve multiple forms of abuse and neglect.

**Types of Abuse
by Region**

Types of abuse cases opened across the Commonwealth by region:

PERCENT OF STATE TOTAL



10 to 15%

16 to 20%

21 to 25%

26 to 30%

31 to 35%

PHYSICAL ABUSE

Boston	26%
Central	14%
South	20%
North	19%
West	21%



EMOTIONAL ABUSE

Boston	24%
Central	10%
South	23%
North	17%
West	26%



NEGLECT

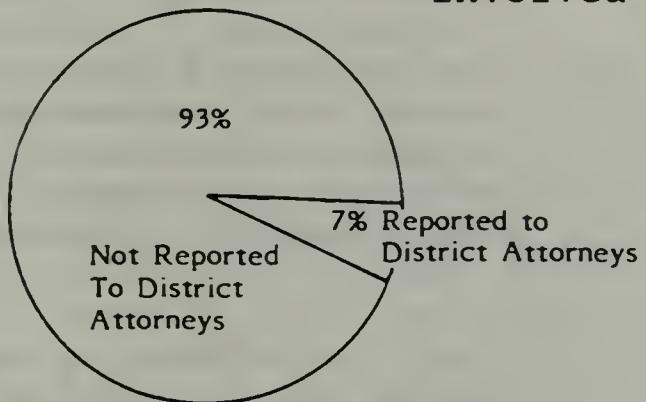
Boston	29%
Central	12%
South	17%
North	12%
West	30%



Reports to District Attorneys

A total of 123 cases involving serious injury were reported to District Attorneys, or 7 percent of those cases assessed and determined to have involved abuse.

SUBSTANTIATED CASES OF ABUSE

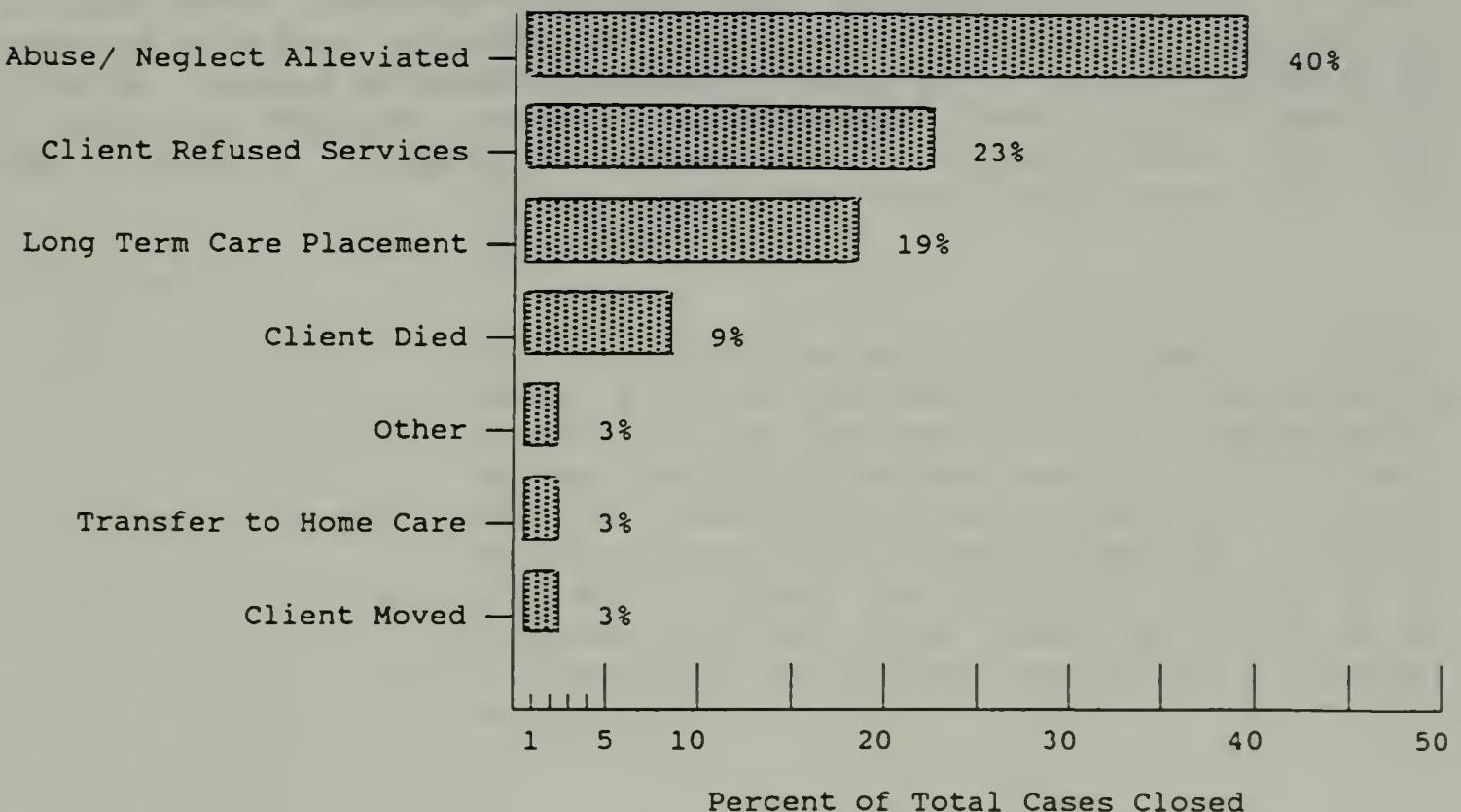


Case Disposition

Of the 1,641 cases closed in FY '89, 65 percent were closed, following successful Protective Services intervention to alleviate or eliminate abuse, which includes long-term care placement and transfer to Home Care. Thirty-five percent were closed due to refusal of services, client moves and death.

Reason for Closing

CASE DISPOSITION: STATEWIDE



Guardianship

As of June 30 1989 Guardianship Contractor Agencies served as guardians, conservators, or representative payees for seventy (70) elders. Of these cases 42 percent were Guardianships, 24 percent Conservators, 5 percent Representative Payees and 6 percent were awaiting court appointed fiduciaries. Thirty eight elders or 59 percent resided in nursing homes, while twenty seven (27) elders or 41 percent were being served while residing in the community.

Elder Abuse Hotline

Of 5,663 incoming calls received by the Elder Abuse Hotline, 270 were reports of abuse and 221 were requests for emergency intervention on open Protective Services cases. This is an increase in cases of abuse reported to the Elder Abuse Hotline of 41 percent and a 10 percent increase in cases requiring after-hours emergency response, over FY '88. Elder Affairs staff was contacted after hours for consultation on thirty-two (32) cases. Remaining calls involved requests for information and referral, and Protective Services Caseworker alerts to potential emergency after-hours cases.

Homeless Elders

Of seventy-eight (78) homeless elders who were provided intensive casework in FY '89, 25 or 32 percent were found long-term housing, foster care placement or were placed in nursing homes. Ninety-two percent of those elders placed, were found permanent housing or foster care.

SPECIAL PROJECTS

Special projects were undertaken in FY '89 by the Executive Office of Elder Affairs Protective Services Unit to bring about program modifications, resulting in improved services to abused elders.

Statewide Survey on Self-neglecting Elders

In conjunction with Mass. Home Care Association, Elder Affairs conducted a survey of twenty seven (27) Home Care Corporations to determine the extent of self neglect among the elderly in the Commonwealth of Massachusetts. Elder Affairs also conducted a second survey of all Councils on Aging, housing authorities, police departments, ambulance services and nutrition programs in the Commonwealth. In all, 1300 surveys were mailed and 130 or 10 percent were returned. Results of the survey were received and compiled during FY '89.

The twelve (12) Boston and Worcester Elder At Risk agencies were not included in either survey. Information was gathered separately from the Boston and Worcester Elder At Risk agencies, through program audits and staff interviews.

The overall focus of both surveys was documentation of the incidence of self neglect, the major factors leading to elders being "at risk," the incidence of alcohol and mental health problems in identified self-neglect cases, and the major service problems/gaps in the Commonwealth.

The two surveys were consistent in that both groups identified alcohol as a factor in 17 percent of all referrals. Mental health problems were a significant factor leading to self neglect in both surveys, but were identified in a higher number of Home Care Corporations - 54 percent in Home Care cases as compared to 29 percent in other service provider contacts.

There was also considerable agreement between the two populations surveyed as to the major problems or barriers to obtaining services for elders at risk. The most commonly identified problems were: the elder's refusal of help, a lack of identified caseworkers, a lack of services/providers, a lack of guardians and that these cases are very time consuming for Home Care casemanagers.

While both surveys were exploratory in nature and were designed to estimate numbers of a previously unidentified population, the surveys have indicated a significant problem which exists throughout the Commonwealth.

Elder At Risk Program Audits

Each of the twelve Elder At Risk programs was reviewed through case audits and interviews with staff. In addition, staff from Elder Affairs interviewed other providers of Elder Services in order to assess interagency cooperation and utilization of the Elder At Risk contracts. This review process, in conjunction with the self-neglect surveys, provided a framework for the direction of the Elder At Risk Program.

Elder At Risk Request for Proposals

A request for Proposals (RFP) for the Elder At risk Program was issued in February, 1989 on a statewide basis for contracts to begin July 1, 1989. Bidders conferences were held in Ludlow and Boston. As a result of concerns raised at these meetings, Elder Affairs suspended the RFP process and eventually cancelled the bidding for a July 1, 1989 start-up. Contracts with FY '89 providers were renewed July 1, 1989 through December 31, 1989 in order to provide a transition and planning period for current clients. A new RFP was issued on July 1, 1989 for contracts to begin January 1, 1990.

Mrs. S., a frail and memory impaired, 90-year-old, childless widow, was threatened with eviction due to leaving her stove on and causing several fires. Mrs. S. was unable to pay her bills and lived in a cluttered apartment with her dog who was eliminating inside because she could no longer go outdoors to walk him. Mrs. S. would deny her own limitations, and so would refuse the help of family and Home Care services stating that she did not need assistance. The Elder at Risk Caseworker was able, over several months time, to gain Mrs. S's. trust and obtain her permission to contact the landlord, and obtain help from family and service providers to allow her to remain at home and live independently. A great-nephew agreed to confront Mrs. S. about the need to stop using her stove. It was disconnected, and a microwave and Meals On Wheels were provided. A neighbor brings sandwiches in the evenings. A Homemaker now cleans the apartment and walks the dog, while a niece pays Mrs. S's. bills. Although Mrs. S. lives marginally in a dirty and cluttered apartment, she is happy about her continued independence and is no longer at risk of eviction.

**Revision of
Protective
Services
Regulations**

In response to the legislature's passage of Chapter 566, which revised M.G.L. c.19A, Protective Services Regulations (651 CMR 5.00-5.35) were changed to reflect these statutory amendments. Protective Services Regulations now incorporate:

The addition of Firefighters, Emergency Medical Technicians and licensed Psychologists as mandated reporters of elder abuse and neglect.

Clarification of the need to insure the appointment of legal counsel and/or a guardian ad litem in Probate Court hearings on Protective Orders.

The change in legal standard from "clear and convincing" to "preponderance of the evidence" in court hearings regarding capacity to consent.

An extension of emergency protective orders from seventy two (72) hours to fourteen (14) days.

Clarification of reimbursement for medical care, mental health care, and emergency financial assistance. Elder Affairs and its designated agencies are authorized to arrange for such services, but are not legally responsible for the payment for these services.

Use of Protective Orders to gain access to and investigate reports of abuse and/or neglect of elders when such access is barred by persons other than the elder.

Reporting of serious abuse or death to District Attorneys in the county in which the abuse occurred.

Circumstances under which reports of threats of serious abuse may be made to the District Attorney.

Use of a Protective Order for obtaining an evaluation of an elder's capacity to consent to services when the elder is at risk of serious injury due to abuse and/or neglect, is believed to lack the capacity to consent to services, and refuses to allow an evaluation.

Full reporting to District Attorneys of all case information and investigations in situations of serious abuse.

State Agency Linkages

Elder Affairs began meeting with the Department of Mental Retardation (DMR) to initiate a protocol for handling cases that involve mentally retarded clients who have been abused or neglected in the community. In addition, Elder Affairs began to work with the Department of Mental Health and the Department of Mental Retardation to clarify responsibilities with regard to reports of abuse and neglect.

**Hotline
Collaboration
with Disabled
Persons'
Commission**

Elder Affairs and the Disabled Persons' Protection Commission joined together to contract with the same agency to provide 24-hour Hotline coverage. This resulted in an annual savings of over \$40,000 for Elder Affairs and more efficient use of Hotline staff.

**Statewide
Videotape
Lending
Library**

A statewide Elder Protective Services lending library of fourteen (14) training videotapes was initiated. Tapes cover such topics as; dealing with hostile family members, reporting serious abuse to District Attorneys, ethical dilemmas in providing Protective Services, client confidentiality, cross-cultural casework issues, and preparing and giving court testimony. Over one-third of the designated, statewide, Protective Services Agencies used tapes for Protective Services and Home Care staff training during the first six months of operation in FY '89. Ongoing expansion of this library continued through the taping of other seminars and workshops.

**Investigation of
Reports of Death**

Elder Affairs issued a program instruction which clarified sections of M.G.L. c. 19A and 651 CMR 5.00 regarding receipt of reports that an elder has died as the result of abuse or has died during the assessment of a report of abuse. The purpose of this program instruction was to delineate a procedure which was in compliance with the statute and regulations and provided maximum cooperation with law enforcement agencies in situations which could result in a criminal investigation.

Hospital staff reported that Mrs. L., who was admitted weighing 70 lbs and unconscious, was severely dehydrated and malnourished, and had several infected, two-inch-deep decubiti. Mrs. L. had been living with her two daughters who had failed to provide food, water and turning of their bed-bound mother. Because Mrs. L's. decubiti went untreated, they became infected. During Mrs. L's. three-week hospitalization, she never regained consciousness before dying. A report of elder death, due to neglect, was made by Protective Services staff to the District Attorney's office, however no prosecution was initiated as current criminal statutes do not cover neglect.

**Emergency
Protective
Services**

Elder Affairs issued a Program Instruction revising the approval process for utilization of Emergency Protective Services Contracts. In an effort to be consistent with general casework practice, the decision to approve or disallow a request for emergency funds was shifted from Elder Affairs to the designated Protective Services Agencies.

**Standards of
Practice:
Protective
Services Intake**

A Task force comprised of Elder Affairs and Protective Services Caseworkers and Supervisors was formed to begin the process of developing written standards of practice for the Protective Services Program.

During FY '89, this task force developed Standards of Practice for receiving, screening and responding to reports of abuse and neglect. Intake Standards of Practice were developed for dissemination to the twenty seven (27) designated Protective Services agencies in FY '90 (please see Appendix C - Intake Standards of Practice). The Task Force will continue meeting to begin developing Assessment/Functional Evaluation Standards of Practice in FY '90.

**StateWide
Data Collection**

The first of three revisions in documents used to collect statewide data on elder abuse was completed. A Data Collection Task Force was organized and revisions were made to the Elder Abuse Intake Form ((please see Appendix D - Elder Abuse Intake Form)). Information now collected during the filing of a report of abuse or neglect, will result in:

Improved information gathering to assist staff in determining the need for emergency or non-emergency response.

The gathering of more specific, factual information which more clearly identifies allegations and client needs for protection.

An instrument from which certain data, necessary for program management, may be computerized.

Clarification of risk to the caseworker in completing the Assessment.

Implementation of a pilot program is slated for FY '90.

Elder Neglect and Caretakers

Because of the complexity involved, both in identifying situations of elder neglect and in identifying those persons responsible for the elder's care, Elder Affairs' began development of a policy to clarify the existing regulatory definitions of caretaker and neglect. Issues have been identified by Protective Services Workers and Supervisors and by designated agency administrators and attorneys. A Program Instruction will be issued during FY '90.

During the summer, a neighbor reported that Mrs. H. was locked inside a boarded-up, attic room by her son. The Protective Services Caseworker responded on an emergency basis, and found the attic to be over 100 degrees and the elder to be hungry and suffering from heat exhaustion. The son, a professor at a local college, was unsure how to care for his mildly demented mother, and had locked her upstairs in his house. Because adequate meals and ventilation were not provided, Mrs. H. was at risk of a medical crisis. The Caseworker convinced the son to move Mrs. H. from the attic, and set up Homemaker services and Home Delivered Meals. Mrs. H. is now safe, and living downstairs in her son's house.

**Reimbursement for
Interpreting
Services**

The ability of designated Protective Services Agencies to assess reports of abuse and to provide services needed to alleviate or eliminate situations of abuse, with non-English speaking elders, was improved with the authorization of reimbursement for interpreting services. Protective Services Agencies may now contract with agencies or individuals for this crucial service.

**Guardianship
Statistical
Reporting**

An improved monthly reporting form was developed which provides important information regarding client profiles, referral sources, the legal process and case disposition. In addition, utilization of this form resulted in a reduction of paperwork for field staff.

**Definition of an
Open Guardianship
Case after the
Death of a Ward**

A policy was developed and promulgated to clarify how long a guardianship case may remain open after a Ward has died. Timeframes for case closings were specified. Guidelines for procedures and alternatives in settling the Ward's estate were provided to guardianship agencies.

**Guardianship
Program
Monitoring**

Guidelines for the auditing of Elder Affairs' guardianship contractors were formulated and a Program Instruction was drafted. Upon the issuance of this Program Instruction in FY '90, Guardianship agencies will be provided with clear standards of practice to insure that clients who are adjudicated incompetent are not only protected from abuse or neglect, but are insured of caring treatment and the protection of their rights.

Two elderly sisters, Miss K. age 89 and Mrs. H. age 85, had lived together in their apartment for the last 50 years. When Miss K. was hospitalized for dehydration, Mrs. H. expressed concern to staff that she was unable to care for her sister and could no longer feed her. While Home Care services had maintained both sisters at home for several years, Miss K. was diagnosed with organic brain syndrome, had become incontinent and could not be left unsupervised. Care needs were more than could be provided at home. Mrs. H. refused to allow her sister to be placed in a nursing home. The Protective Services Caseworker obtained a guardian for Miss K.. Because the planned placement was upsetting to both sisters, the Guardian had to win their trust and prepare them for Miss K's. move. After placement, Mrs. H. became angry and agitated with the Guardianship Caseworker. However, the Caseworker continued to see Mrs. H. and assist with her financial needs and transportation to the nursing home for weekly visits to see her sister. Throughout this time, the guardian also assisted Mrs. H. with obtaining treatment for an eye tumor and tried to convince her to seek nursing home placement due to Mrs. H's. inability to care for herself. After 6 months, Mrs. H. fell and was unable to get off the floor for two days until found by her Homemaker. Following this, Mrs. H. agreed to allow the Guardianship Agency to be her Power of Attorney under a private pay program, and to enter a nursing home. The guardian was able to have Mrs. H. placed in the same nursing home as her sister, and eventually placed in the same room. While in the process of moving Mrs. H., the guardian, through the discovery of old Christmas cards, wrote to friends of the sisters, and several have since visited. Because of the persistent and caring efforts of the caseworker, both sisters are now safe and quite pleased to be living together again.

Guardianship Legislation

Guardianship legislation from nineteen (19) states, pending federal legislation, and information on abuses of guardianship was obtained in preparation for review and the filing of legislative amendments to increase the protection of elder rights while improving care by fiduciaries. The review and drafting of recommended changes in Massachusetts law was not completed during FY '89 due to a shortage of staff.

Guardianship Cost-sharing

Development of a Guardianship, cost-sharing fee structure was initiated during FY '89, but was not completed due to staff shortages.

**Homeless
Program**

A Program Design was completed during FY '89, clarifying the population of elders served and to provide program goals, definitions and procedures. Written guidelines were established for receiving program referrals and subcontracting for services.

**Elder
Abuse
Hotline
RFP**

A Request For Proposals was issued for the statewide Elder Abuse Hotline and the contract award was received by the current contractor, Greater Lawrence Mental Health Center. Contract Attachment A was revised to insure written procedures are in place to provide for continuity of coverage when equipment malfunctions occur, and to insure coordination with the DPPC Hotline.

**Hotline
Publication**

An agreement was reached with New England Telephone whereby the Elder Abuse Hotline phone number will be listed statewide in the Crisis Box section of the emergency services numbers as local phone books are revised.

A social worker witnessed Mr. W. shaking after his daughter had screamed at him, threatening to no longer allow him to live in her house. Several years ago, Mr. W. financed the building of an apartment addition onto his daughter's house, with the understanding that he would live there. The Protective Services Caseworker learned that once Mr. W. had moved in, he became isolated, was not eating regularly, and had become forgetful and repetitious. Additionally, the daughter was upset with her father's accusations that her family was stealing from him. Mr. W. was offered legal representation, and the daughter and her husband were convinced to attend a caregivers support group and to seek counseling. Mr. W. accepted meals and personal care. A gerontological evaluation was obtained and with nutritional improvements, Mr. W's. forgetfulness and paranoia decreased. His daughter has since allowed him to remain in their home, and the yelling and threats have stopped.

Protective
Services
Training/
Conferences

Workshops, Conferences and training
provided during FY '89 included:

National

Innovative Practices: Working with Law
Enforcement and the Courts
1988 Adult Protective Services Conference
San Antonio, Texas

The Executive Office of Elder Affairs and the Middlesex County District Attorney's Office presented a protocol which was jointly developed by both offices. The protocol describes procedures by which the Protective Services System and the Criminal Justice System in Massachusetts can provide a coordinated response to cases of severe abuse. The protocol implements cooperative practices between two systems with different mandates

Commonwealth of
Massachusetts

7th Annual Governor's Conference on Aging
Southeastern Massachusetts University

Elder Affairs protective services staff organized, moderated or presented in three (3) workshops:

The Unsuspecting Addict

A panel composed of substance abuse specialists, a legislator and a Protective Services Regional Supervisor presented on the effects of the interactions among over-the-counter medications, prescribed medications, and alcohol on elders. Substance abuse is a major causative factor in elder abuse and may also severely impair the elder's capacity to consent to Protective Services.

Vulnerable Elders

This panel of Elder Affairs, Home Care Cooperations and Family Service Agency Staff presented on establishing a program for elders who are at risk in the community. Panelists discussed the difference between elders who are neglected by a caretaker and those who have no caretaker, the benefits of a programmatic rather than legislative approach to address the needs of elders at risk, problems associated with assisting the homeless and casework techniques in helping vulnerable elders.

Public Guardianship

Attorneys, a public guardian and advocates for legislative changes in Massachusetts guardianship law presented both sides of a national debate on benefits and problems associated with public guardianship.

Protective Services in Massachusetts: Statewide Seminar for Medical Examiners and Law Enforcement

Elder Affairs presented the Mandatory Reporting M.G.L. c. 19A, s. 14-26 as part of an afternoon of education on laws which affect participants, along with the Department of Social Services and the Disabled Persons' Protection Commission.

Board of Directors Conference: Home Health/Respite Care/Protective Services

A panel of Elder Affairs and Home Care Corporation Staff presented the three newest programs available to Home Care clients. The Protective Services presentation focused on the role and responsibility of the Board of Directors in providing a legally mandated service.

Guardianship in Massachusetts
Massachusetts Commission for the Blind

Elder Affairs participated in an afternoon of training about guardianship, alternatives to guardianship, and the program administered by Elder Affairs under the Protective Services Program

Massachusetts Council on Aging (MCOA)
Conference

Elder Affairs participated on a panel to discuss the realities of guardianship and the alternatives available. Panelists focused on the need to use the least restrictive alternative available, and pursuing guardianship only when no other avenue is available to protect the elder.

Elder Services Corps

Elder Services Corps participants were trained in the reporting requirements of Protective Services, the identification of elder abuse and neglect, and the service interventions provided by Protective Services Caseworkers

Amended Protective Services Regulations

Mandatory training for Protective Services Workers and Supervisors were held throughout the Commonwealth. Many designated Agencies' Executive Directors and attorneys, as well as Guardianship Agency staff also attended these trainings.

3rd Annual Protective Services
Recognition Day and Conference

For the third consecutive year, Elder Affairs sponsored an all-day Protective Services conference in recognition of the commitment and professionalism of Protective Services and Guardianship Staff. Approximately 100 participants attended this event held at Holy Cross College in Worcester. Workshops included topics such as preparing for court testimony, supervision, ethical dilemmas in providing Protective Services, and cultural issues. The Edward R. McCarthy award was presented by Secretary Lanzikos to Gerald B. West, Protective Services Supervisor at Greater Springfield Senior Services in recognition of his expertise and contribution to Elder Protective Services.

Regional Training Protective Services Conference

Health and Social Services Consortium -
Foxboro

Mandated Reporting

Police Officers of Middlesex County participated in a panel discussion of Elder Abuse and mandatory reporting requirements as part of the Middlesex District Attorney's office conference, "Police Response to Domestic Violence and Elder Abuse."

Elder Protective Services Program

Massachusetts Legislature - introduction of the Executive Office of Elder Affairs programs to new legislators.

Guardianship Alternatives

A presentation was made to the social work and nursing staff of Whidden Hospital on limits and restrictive nature of guardianship as an intervention with elders. Alternatives to guardianship were offered and discussed.

Elder Protective Services in Massachusetts

A presentation on the Massachusetts Elder Abuse Program was made on "Press Conference", a WUPE (Pittsfield) radio talk show.

FY'90 Initiatives

The Executive Office of Elder Affairs Protective Services Unit plans to undertake a number of initiatives in FY '90.

Intake Standards

Intake Standards of Practice developed in FY '89 will be issued and statewide training provided.

Elder Abuse Intake Form

The revised Elder Abuse Intake Form (Data Collection Instrument [DCI- 1]) will be issued as a six (6) month pilot program and statewide training provided. Comments and recommendations for revisions will be received, and necessary changes made.

Assessment Standards

The Standards Task Force will develop and submit to Elder Affairs proposed Assessment/Functional Evaluation Standards of Practice. Standards policy will be finalized for issuance of a Program Instruction during FY '91.

Assessment Form

A draft of the revised Assessment/Functional Evaluation Form (DCI-2) will be developed for review by the Statewide Data Collection Task Force. Issuance of DCI-2 is planned for FY '91 in conjunction with the Assessment Standards of Practice.

**Statewide
Elder at
Risk Program**

A statewide Request for Proposals will be issued in July 1989 for the contracting period of January 1 to June 30, 1990 in order to expand the EAR program to serve at-risk elders in all communities of the Commonwealth. RFPs will be reviewed and contracts awarded. Meetings will be held with present providers to insure a smooth transition of clients between service providers when contractor agencies are changed. Elder at Risk Programs will be established throughout the Commonwealth, technical assistance provided and statewide training held. Program design improvements will be made.

**Public
Awareness of
Elder Abuse**

A campaign will be planned and initiated to increase public awareness of the problem of elder abuse and neglect, and to provide information on elder abuse reporting. During FY '90, statewide mandated reporter organizations will be targeted and contacted to offer and provide training. Plans will be made to target the general public during FY '91.

**Agreements
with
District
Attorneys**

As an expansion of work begun in FY '88, Elder Affairs will meet with District Attorneys in three (3) counties to further develop cooperative working agreements around the reporting and handling of Protective Services cases. Joint trainings will be held between District Attorney and Protective Services staff on protocol and clarifying what can be expected of each agency.

**Protective
Services
Agency
Audits**

Elder Affairs staff will evaluate the frequency and content of current Protective Services Agency case and program reviews, and develop written procedures for the monitoring and evaluation of Protective Services programs.

Clarification of Neglect Cases

In FY '90, a Program Instruction will be issued to clarify regulatory definitions of caretaker and neglect. Protective Services forms including the District Attorney Reporting Form, Notification of Assessment, Elder Abuse Intake and Mandated Reporter Form, will be revised to reflect this Program Instruction.

Guardianship Program

During FY '90, Elder Affairs staff will review the current guardianship program to determine needed development and begin planning for FY '91.

Guardianship Cost-Sharing

Development of a fee structure whereby services for guardianship will be shared with the Ward will begin during FY '90. Cost-sharing will allow the Commonwealth to recover costs of guardianship from Wards based on their income and assets. On occasion, elders with substantial assets, suffering from abuse, for whom no community person will act as guardian, are accepted into this program.

Training

Plans will be made to provide statewide training through the Protective Services Recognition Day.

CRF/cb

OFFICERS OF THE COMMONWEALTH

19A § 14

1985 Amendment. St.1985, c. 755, approved Jan. 6, 1986, in the third paragraph, rewrote cl. (c).

1986 Legislation

St.1986, c. 563, approved Dec. 8, 1986, in the clause relating to home care programs, inserted the requirement relating to the appointment of a majority of the governing body of the home care providers by the councils on aging of the cities and towns served by the provider and the paragraphs relating to contracts with home care pro-

viders that do not comply with the requirements relating to composition of the governing body

Code of Massachusetts Regulations

Home care program, regulations governing, see 651 CMR 3.01 et seq.

Prior Laws:

G.L. c. 6, § 73, as added by St.1954. c. 537, § 2.

St.1955, c. 591.

St.1964, c. 430, § 2.

St.1967, c. 765, § 4.

§ 4A. Sliding fee scale for home care services; financial eligibility limits

The department shall establish a sliding fee scale to provide home care services for certain persons whose income exceeds the limits established under Title XX of the Social Security Act. On July first of each year, the department shall increase the financial eligibility limits for home services, including the sliding fee scale, by a percentage equal to the percentage increase in federal social security benefits for that fiscal year. The department shall forward to the house and senate committees on ways and means on or before March first of each year, a full report on the status of the home care program audit.

Added by St.1982, c. 357, § 5.

1982 Enactment. St.1982, c. 357, § 5, an emergency act, was approved July 20, 1982, and by § 21 made effective as of July 1, 1982.

§ 6. Regulations**Code of Massachusetts Regulations**

Discrimination based on age, agencies receiving funds from department, see 651 CMR 8.01 et seq.

§ 14. Definitions applicable to sections 14 to 26

For the purposes of sections fourteen to twenty-seven¹, inclusive, the following words and terms shall, unless the context otherwise requires, have the following meaning:

"Abuse", an act or omission which results in serious physical or emotional injury to an elderly person; provided, however, that no person shall be considered to be abused or neglected for the sole reason that such person is being furnished or relies upon treatment in accordance with the tenets and teachings of a church or religious denomination by a duly accredited practitioner thereof.

"Caretaker", the person responsible for the care of an elderly person, which responsibility may arise as the result of a family relationship, or by a voluntary or contractual duty undertaken on behalf of an elderly person, or may arise by a fiduciary duty imposed by law.

"Conservator", a person who is appointed to manage the estate of a person pursuant to chapter two hundred and one.

"Court", the probate and family court.

"Department", the department of elder affairs.

"Elderly person", an individual who is sixty years of age or over.

"Emergency", a situation in which an elderly person is living in conditions which present a substantial risk of death or immediate and serious physical or mental harm.

"Guardian", a person who has qualified as a guardian of an elderly person pursuant to chapter two hundred and one, but shall not include a guardian *ad litem*.

"Protected person", an elderly person for whom a conservator or guardian has been appointed or other protective order has been made.

"Protective services", services which are necessary to prevent, eliminate or remedy the effects of abuse to an elderly person.

"Protective services agency", a public or nonprofit private agency, corporation, board, or organization designated by the department pursuant to this chapter to furnish protective services to elderly persons.

Added by St.1982, c. 604, § 1. Amended by St.1987, c. 566, § 1.

¹ So in original; probably should read "twenty-six".

1982 Enactment St.1982, c. 604, § 1, was approved Dec. 28, 1982. Emergency declaration by the Governor was filed Dec. 29, 1982.

Sections 1A and 2 of St.1982, c. 604, provided:

"Section 1A. The department of elder affairs shall, subject to appropriation, implement the provisions of section one of this act on or before July first, nineteen hundred and eighty-three.

"Section 2. If any provision of the act, or the application thereof to any person or circumstance, is held invalid, such invalidity shall not affect any other provision or application of the act which can be given effect without the invalid

provision or application, and to this end the provisions of the act are declared severable."

1987 Legislation

St.1987, c. 566, § 1, approved Dec. 14, 1987, deleted the definition of geriatric evaluation process, which read:

"'Geriatric evaluation process', a team of medical psychological, psychiatric, social work professionals designated or established by the department for the purpose of conducting comprehensive physical, mental, social evaluation of an elderly person."

§ 15. Reports of abuse; liability

(a) Any physician, a medical intern, dentist, nurse, family counselor, probation officer, social worker, policeman, firefighter, emergency medical technician, licensed psychologist, coroner, registered physical therapist, registered occupational therapist, osteopath, podiatrist, executive director of a licensed home health agency or executive director of a homemaker service agency who has reasonable cause to believe that an elderly person is suffering from or has died as a result of abuse, shall immediately make a verbal report of such information or cause a report to be made to the department or its designated agency and shall within forty-eight hours make a written report to the department or its designated agency. Any person so required to make such reports who fails to do so shall be punished by a fine of not more than one thousand dollars.

(b) The executive director of a home care corporation, licensed home health agency or homemaker service agency shall establish procedures within such agency to ensure that homemakers, home health aides, case managers or other staff of said agency who have reasonable cause to believe that an elderly person has been abused shall report such case to the executive director of the corporation or agency. The executive director shall immediately make a verbal report of such information or cause a report to be made to the department or its designated agency and shall within forty-eight hours make a written report to the department or its designated agency.

(c) In addition to a person required to report under the provisions of subsection (a) of this section, any other person may make such a report to the department or its designated agency, if any such person has reasonable cause to believe that an elderly person is suffering from or has died as a result of abuse.

(d) No person required to report pursuant to the provisions of subsection (a) shall be liable in any civil or criminal action by reason of such report; provided, however, that such person did not perpetrate, inflict or cause said abuse. No other person making such a report pursuant to the provisions of subsection (b) or (c) shall be liable in any civil or criminal action by reason of such report if it was made in good faith; provided, however, that such person did not perpetrate, inflict or cause said abuse. Any person making a report under subsection (a), (b) or (c) who, in the determination of the department or the district attorney may have perpetrated, inflicted or caused said abuse may be liable in a

civil or criminal action by reason of such report. No employer or supervisor may discharge, demote, transfer, reduce pay, benefits or work privileges, prepare a negative work performance evaluation, or take any other action detrimental to an employee or supervisee who files a report in accordance with the provisions of this section by reason of such report.

(e) Reports made pursuant to subsections (a) and (b) shall contain the name, address and approximate age of the elderly person who is the subject of the report, information regarding the nature and extent of the abuse, the name of the person's caretaker, if known, any medical treatment being received or immediately required, if known, any other information the reporter believes to be relevant to the investigation, and the name and address of the reporter and where said reporter may be contacted, if the reporter wishes to provide said information. The department shall publicize the provisions of this section and the process by which reports of abuse shall be made.

(f) Any privilege established by section one hundred and thirty-five of chapter one hundred and twelve or section twenty B of chapter two hundred and thirty-three relating to the exclusion of confidential communications shall not prohibit the filing of a report pursuant to the provisions of subsection (a), (b) or (c).

Added by St.1982, c. 604, § 1. Amended by St.1987, c. 566, §§ 2 to 4.

1982 Enactment. St.1982, c. 604, § 1, was approved Dec. 28, 1982. Emergency declaration by the Governor was filed Dec. 29, 1982.

1987 Legislation

St.1987, c. 566, § 2, approved Dec. 14, 1987, in the first sentence of subsec. (a), inserted "fire-fighter, emergency medical technician," and deleted "aid" following "executive director of a licensed home health".

Section 3 of St.1987, c. 566, in subsec. (d), added the provisos to the first and second sentences, and inserted the third sentence.

Section 4 of St.1987, c. 566, added subsec. (f).

Library References

Asylums ⇔3.

Physicians and Surgeons ⇔10.

C.J.S. Asylums and Institutional Care Facilities §§ 5 to 8.

C.J.S. Physicians and Surgeons §§ 31 to 35

WESTLAW Electronic Research

See WESTLAW Electronic Research Guide following the Preface.

§ 16. Protective services system

(a) Subject to appropriation, the department shall develop a coordinated system of protective services for elderly persons who are determined to be abused. In planning this system, the department shall require input from the department of social services, the existing protective service agencies and other agencies currently involved in the provision of social, health, legal, nutritional, and other services to the elderly, as well as elderly advocacy organizations.

(b) Within this protective services system, the department shall establish a mechanism for the receipt of reports made pursuant to section fifteen which shall operate and be accessible on a twenty-four hour per day basis. If the department or its designated agency has reasonable cause to believe that an elderly person has died as a result of abuse, the death shall be reported immediately to the district attorney of the county in which the abuse occurred. Within forty-five days of the receipt of a report made pursuant to subsection (a) of said section fifteen, the department or its designated agency shall notify the reporter, in writing, of its response to the report. Such notification shall be made to a person who makes a report pursuant to subsection (c) of said section fifteen if said reporter so requests.

(c) Subject to appropriation, the department shall designate at least one local agency to act on behalf of the department with a geographic area as defined by the department. The department may designate any public agency or private nonprofit organization which has the capacity to implement a service plan through direct access to social, health and mental health services. The department shall utilize existing resources and services of public and nonprofit private agencies in providing protective services. The department shall insure that assessment, evaluation and service delivery shall be provided through the designated local agency closest to the elderly person's community.

In designating agencies, the department shall insure that: (1) persons conducting assessment, evaluation and service delivery have demonstrated experience in providing protective and other social health services to elders, have these protective functions as their primary employment responsibility, and have other professional qualifications as determined by the secretary; (2) continuity of care under one protective services worker is assured throughout assessment, evaluation and services delivery to the extent possible; and (3) the department and the designated agencies have the capacity to respond to an emergency and provide or arrange for services to alleviate the immediate danger of abuse of an elderly person on twenty-four hours per day basis.

The department shall monitor assessments, evaluations and the provision of protective services by designated local agencies.

(d) The department shall issue regulations establishing criteria and procedures for the designation of protective services agencies or for the termination or designation or redesignation of protective services agencies.

(e) The department shall be responsible for continuing coordination and supervision of the system. In carrying out these duties, the department shall, subject to appropriation: (1) adopt rules and regulations for the system; (2) continuously monitor the effectiveness of the system and perform evaluative research about it; and (3) utilize grants from federal, state and other public and private sources to support the system.

Added by St.1982, c. 604, § 1. Amended by St.1987, c. 566, § 5.

1982 Enactment. St.1982, c. 604, § 1, was approved Dec. 28, 1982. Emergency declaration by the Governor was filed Dec. 29, 1982.

1987 Legislation

St.1987, c. 566, § 5, approved Dec. 14, 1987, in the second sentence of subsec. (b), substituted "abuse occurred" for "elderly person resided".

§ 17. Protective services agencies; authorized activities

A protective services agency is authorized:

- (1) to receive and investigate reports of abuse;
- (2) to furnish protective services to an elderly person with his or her consent;
- (3) to petition the court for appointment of a conservator or guardian or for issuance of an emergency order for protective services;
- (4) to furnish protective services to an elderly person on an emergency basis as hereinafter provided;
- (5) to furnish protective services to a protected person with the consent of such person's guardian or conservator;
- (6) to serve as conservator, guardian, or temporary guardian of a protected person; and
- (7) to perform all other functions determined by the department to be necessary for the administration of this chapter.

Added by St.1982, c. 604, § 1.

1982 Enactment. St.1982, c. 604, § 1, was approved Dec. 28, 1982. Emergency declaration by the Governor was filed Dec. 29, 1982.

§ 18. Assessment and evaluation of reports; investigations; arrangement for protective services

(a) The department or its designated agency shall assess and evaluate the information reported pursuant to the provisions of section fifteen.

Such assessment shall include a visit to the residence of the elderly person who is the subject of the report and may include consultations with appropriate service agencies and individuals who have knowledge of the elderly person's situation including the person

filing the report. The elderly person who is the subject of the report shall receive written notice that an assessment is being conducted and shall have the right to review the file and report developed as a result of the assessment.

If the assessment results in a determination that the elderly person is suffering from abuse, the department or the designated agency shall evaluate the elderly person's functional capacity, situation, and resources and shall develop a service plan for the provision of protective services. Said plan shall be appropriate to the needs of the elderly person and shall utilize the least restrictive alternatives.

The department shall adopt rules and regulations establishing time limits for the completion of assessments and evaluations and for the implementation of service plans; provided, however, that if an emergency exists, assessments shall be completed within twenty-four hours of the receipt of the report.

If an assessment results in a determination that the elderly person has suffered serious abuse, the department or designated agency shall report such determination to the district attorney of the county where the abuse occurred within forty-eight hours. The district attorney may investigate and decide whether to initiate criminal proceedings.

(b) The department or the designated agency shall provide or arrange for protective services in accordance with the service plan developed pursuant to the provisions of subsection (a). Protective services shall include, but not be limited to, the following: the capacity to respond to an emergency; protective services case work; the capacity to provide or arrange for a homemaker, home-health aide, transportation, legal assistance, counseling, nutrition services, guardianship and conservatorship, protective order through the court, emergency shelter, foster care, and adult day care services.

The department or the designated agency is authorized to arrange for additional services necessary to assist and protect elderly persons who have been abused, including, but not limited to, the following: medical care, mental health care and emergency financial assistance.

Added by St.1982, c. 604, § 1. Amended by St.1987, c. 566, §§ 6, 7.

1982 Enactment. St.1982, c. 604, § 1, was approved Dec. 28, 1982. Emergency declaration by the Governor was filed Dec. 29, 1982.

1987 Legislation

St.1987, c. 566, § 6, approved Dec. 14, 1987, in the fifth paragraph of subsec. (a), in the first sentence, substituted "where the abuse occurred" for "within which the elderly person resides".

Section 7 of St.1987, c. 566, ir. subsec. (b), in the second sentence of the first paragraph, added ", emergency shelter, foster care, and adult day care services"; and, in second paragraph, deleted "provide or" following "is authorized to", deleted "emergency housing" following "the following:", and deleted ", foster care and adult day care services" following "emergency financial assistance".

§ 19. Consent to protective services; interference with provision of services

(a) Any elderly person who requests or affirmatively consents to the receipt of protective services may receive said services. If the person withdraws or refuses consent, the service shall not be provided or continued except as provided in section twenty.

(b) No person shall interfere with the provision of protective services to an elderly person who requests or consents to receive such services. In the event that interference occurs on a continuing basis, the department, a protective services agency, or the public guardian may petition the court to enjoin such interference.

Added by St.1982, c. 604, § 1.

1982 Enactment. St.1982, c. 604, § 1, was approved Dec. 28, 1982. Emergency declaration by the Governor was filed Dec. 29, 1982.

§ 20. Lack of capacity to consent to protective services; hearings; emergency orders; placement or commitment

(a) If the department or its designated agency has reasonable cause to believe that an elderly person is suffering from abuse and lacks the capacity to consent to the provision of protective services, the department or its designated agency may petition the court for a finding that the elderly person is incapable of consenting to the provision of protective services. Said petition shall set forth the specific facts upon which the department or the designated agency relied in making the determination. The court shall hold a hearing on the matter within fourteen days of the filing of the petition. The court shall give notice to the elderly person who is the subject of the petition at least five days prior to the date set for the hearing. The elderly person who is the subject of the petition shall have the right to be present, be represented by counsel, present evidence, and examine and cross-examine witnesses. If the elderly person who is the subject of the petition is indigent, the court shall appoint counsel to represent such elderly person. If the court determines that the elderly person lacks the capacity to retain counsel or waive the right to counsel, the court shall appoint a guardian ad litem to represent the interests of such elderly person. If, after hearing, the court determines, based on the preponderance of the evidence, that such elderly person has been abused, is in need of protective services and lacks the capacity to consent and no other person who is authorized to consent is available or willing to consent, the court may appoint a conservator, guardian or other person authorized to consent to the provision of protective services; provided, however, that the court shall establish the least restrictive form of fiduciary representation that will satisfy the needs of such elderly person. In addition to or in the alternative, the court may issue an order requiring the provision of services. The order shall contain a specific description of the services to be provided and insure that the least restrictive alternatives are utilized. An order for protective services for an elderly person pursuant to this subsection shall remain in effect for a period of six months, unless otherwise stipulated in such order. The court may, for good cause shown, extend an order for protective services. Such extension shall remain in effect for a period of six months, unless otherwise stipulated in such order.

(b) If an emergency exists and the department, its designated agency, a member of the immediate family or a caretaker has reasonable cause to believe that an elderly person is suffering from abuse and lacks the capacity to consent to the provision of protective services, said department, designated agency, member of the immediate family or caretaker may petition the court for an emergency order of protective services. The court shall give notice to the elderly person who is the subject of the petition at least twenty-four hours prior to the hearing. The court may dispense with notice upon finding that immediate and reasonable foreseeable physical harm to the individual or others will result from the twenty-four hour delay and that reasonable attempts have been made to give such notice. If the elderly person who is the subject of the petition is indigent, the court shall appoint counsel to represent such elderly person. If after the hearing, the court determines, based on the preponderance of the evidence, that the elderly person has been or is being abused, that an emergency exists, and that the elderly person lacks the capacity to consent to the provision of services, the court may order the provision of protective services on an emergency basis. The court shall order only those services necessary to remove the conditions creating the emergency and shall specially designate the authorized services in its order. If the court determines that the elderly person lacks the capacity to retain counsel or waive the right to counsel, the court shall appoint a guardian ad litem to represent the interest of such elderly person following the entry of such emergency order. The order for emergency protective services shall remain in effect for a period not to exceed fourteen days. Said order may be extended for an additional period not to exceed fourteen days if the court finds that the extension is necessary to remove the emergency.

(c) The court shall not order an institutional placement or change of residence unless it finds that no less restrictive alternative will meet the needs of the elderly person. No elderly person may be committed to a mental health facility pursuant to this chapter. The

elderly person or his or her court-appointed representative, the department, or the designated agency may petition to have any order issued pursuant to subsection (a) or (b) set aside or modified at any time.

Added by St.1982, c. 604, § 1. Amended by St.1987, c. 566, §§ 8 to 10.

1982 Enactment. St.1982, c. 604, § 1, was approved Dec. 28, 1982. Emergency declaration by the Governor was filed Dec. 29, 1982.

1987 Legislation

St.1987, c. 566, § 8, approved Dec. 14, 1987, in the seventh sentence of subsec. (a), inserted "retain counsel or"; and in the eighth sentence, substituted "on the preponderance of the" for "upon clear and convincing".

Section 9 of St.1987, c. 566, in subsec. (a), added the last three sentences.

Section 10 of St.1987, c. 566, in subsec. (b), inserted the fourth sentence; in the fifth sentence, substituted "the preponderance of the" for "clear and convincing"; inserted the seventh sentence; in the eighth sentence, substituted "fourteen days" for "seventy-two hours"; and in the ninth sentence, substituted "period not to exceed fourteen days" for "seventy-two hour period".

§ 21. Geriatric evaluation process

(a) Subject to appropriation, the department shall establish a geriatric evaluation process for the purpose of conducting a comprehensive physical, mental, or social evaluation of an elderly person for whom a petition has been filed in a court for appointment of a conservator or guardian, under the provisions of clause (3) of section seventeen, or for an emergency order for protective services.

(b) The evaluation of an elderly person conducted by the geriatric evaluation process shall include at least the following:

- (1) the name and address of the place where the person is residing and of the person or agency, if any, who is providing services at present;
- (2) a description of the treatment and services, if any, presently being provided to the person;
- (3) an evaluation of the person's present physical, mental, and social conditions; and
- (4) a recommendation concerning the least restrictive course of services, care or treatment consistent with the person's needs.

(c) Subject to appropriation, the cost of this evaluation shall be borne by the department.

(d) Such elderly person shall have the right, at his own expense to secure an independent medical and psychological or psychiatric examination relevant to the issue involved in any hearing under this section and to present a report of his independent evaluation or the evaluator's personal testimony as evidence at the hearing.

Added by St.1982, c. 604, § 1.

1982 Enactment. St.1982, c. 604, § 1, was approved Dec. 28, 1982. Emergency declaration by the Governor was filed Dec. 29, 1982.

§ 22. Financial eligibility guidelines; reimbursements by elderly persons

The department shall establish, by regulation, financial eligibility guidelines which provide a procedure for reimbursement by elderly persons for all or part of cost of protective services. If the department or the designated agency determines, pursuant to section eighteen, that an elderly person who is in need of protective services has sufficient resources to pay for part or all of the cost of protective services, it shall initiate said procedures for reimbursement. If the department or designated agency determines that an elderly person does not have sufficient resources, no reimbursement for any such costs shall be charged to the elderly person.

No elderly person shall be required to reimburse the department for part or all of the cost of protective services unless he or she has been notified prior to the commencement

of service provision that a reimbursement will be charged. No elderly person shall be required to reimburse the department for protective services before service provision commences.

Added by St.1982, c. 604, § 1.

1982 Enactment. St.1982, c. 604, § 1, was approved Dec. 28, 1982. Emergency declaration by the Governor was filed Dec. 29, 1982.

§ 23. Records; disclosure; destruction; regulations; penalties

(a) Except as otherwise provided in this section, all records containing personal data which are created, collected, used, maintained or disseminated pursuant to this chapter shall not be public records, and shall be governed by the provisions of chapter sixty-six A, the notice provisions of section sixty-three of chapter thirty and the enforcement provisions of section three B of chapter two hundred and fourteen.

(b) If the department, any designated agency, or any other agency obligated to make an assessment under this chapter determines that the allegations in a report cannot be substantiated, it shall within three months of such determination, either (i) destroy said report and any other records containing personal data created because of the receipt of said report or (ii) physically remove therefrom all personal identifiers; provided, however, that the department, the designated agency or any other agency obligated to make assessments may create and hold whatever statistical records it needs for purposes of planning and reporting, as may be prescribed by regulations adopted by the department pursuant to section two of chapter thirty. Each government agency shall promulgate regulations prescribing the manner of creating and holding its own such statistical records, and the department shall adopt such regulations for itself and any designated agency.

(c) The department, any designated agency, or any other agency obligated to make an assessment under this chapter shall inform in writing an individual, upon his request, whether he is a data subject, as that term is defined in section one of chapter sixty-six A, with respect to records created or maintained under this chapter, and if so, the department or agency shall make such data fully available to him or his authorized representative, upon his request, in a form comprehensible to him, unless doing so is prohibited or excused under the provisions of this or any other statute. In making any disclosure or information to a data subject the department or agency may remove personal identifiers relating to a third person, except where such third person is an officer or employee of a government or non-governmental department or agency obligated to make assessments under this chapter.

(d) Any agent or employee of the department, a designated agency, or any other agency obligated to make an assessment under this chapter who violates the provisions of chapter sixty-six A, as modified by this section, with respect to records created or maintained under this chapter shall be punished by a fine of not more than five hundred dollars, or, if harm shall have resulted to any one whose privacy was sought to be protected by the provision violated, by a fine of not more than one thousand dollars, and, if such agent or employee is employed by the commonwealth, he shall also be subject to administrative disciplinary action pursuant to regulations adopted by the department or agency under section two of chapter thirty A.

No provision of chapter sixty-six A, section one hundred and thirty-five of chapter one hundred and twelve or this section relating to confidential data or confidential communications shall prohibit the department or designated agency from making reports to the district attorney under subsection (b) of section sixteen or subsection (a) of section eighteen, or from providing in such reports to the district attorney any information obtained by the department or a designated agency under section fifteen or section eighteen. No person providing notification or information to a district attorney or testimony in court pursuant to the provisions of this subsection shall be liable in any civil or criminal act by reason of such action.

Nothing herein shall be construed to limit the prosecutorial power of a district attorney.

No provision of chapter sixty-six A, section one hundred and thirty-five of chapter one hundred and twelve, or any other provision of law relating to confidential data or confidential communications shall prohibit the department, by its appropriate employees, or any designated protective services agency, by its appropriate employees from testifying in any judicial proceeding pursuant to subsections (a) and (b) of section twenty, chapter two hundred and one, or chapter two hundred and nine A where the employee has acquired the information which is the subject of his testimony while conducting an assessment in accordance with section eighteen. Such testimony shall not include the identity of the reporter of abuse under section fifteen.

Added by St.1982, c. 604, § 1. Amended by St.1987, c. 566, § 11.

1982 Enactment. St.1982, c. 604, § 1, was approved Dec. 28, 1982. Emergency declaration by the Governor was filed Dec. 29, 1982.

1987 Legislation

St.1987, c. 566, § 11, approved Dec. 14, 1987, added subsec. (e).

§ 24. Reports

Within one hundred and twenty days following the end of each fiscal year, the department shall submit a report to the governor, the general court and the public which shall include a description of the activities of the department and all designated agencies pursuant to sections fourteen to twenty-seven, inclusive, during the preceding fiscal year. Said report shall contain statistical information about the number and types of reports received under section fifteen; the results of the assessments and evaluations conducted and the amount, type and costs of services provided under section eighteen; and information on the quality of services provided and the results of such services in terms of alleviating abuse. Said report shall identify problems that may arise in the implementation of this chapter and shall contain the recommendations of the department for action on the part of the legislature.

Added by St.1982, c. 604, § 1.

1982 Enactment. St.1982, c. 604, § 1, was approved Dec. 28, 1982. Emergency declaration by the Governor was filed Dec. 29, 1982.

§ 25. Rules and regulations

The secretary shall adopt and from time to time revise rules and regulations for the implementation of the provisions of sections fifteen to twenty-four, inclusive.

Added by St.1982, c. 604, § 1.

1982 Enactment. St.1982, c. 604, § 1, was approved Dec. 28, 1982. Emergency declaration by the Governor was filed Dec. 29, 1982.

§ 26. Powers and responsibilities of other departments or agencies

Nothing in this chapter shall be construed to be a limitation of the powers and responsibilities assigned by law to other departments or agencies.

Added by St.1982, c. 604, § 1.

1982 Enactment. St.1982, c. 604, § 1, was approved Dec. 28, 1982. Emergency declaration by the Governor was filed Dec. 29, 1982.

§ 27. Definitions applicable to sections 27 to 35

For the purpose of sections twenty-seven to thirty-five, inclusive, the following words and terms shall, unless the context requires otherwise, have the following meanings:—

651 CMR 5.00: ELDER ABUSE REPORTING AND PROTECTIVE SERVICES PROGRAM

Section

- 5.01: Scope and Purpose
- 5.02: Definitions
- 5.03: Functions and Responsibilities of the Department in the Administration of the Elder Protective Services Program
- 5.04: Functions and Responsibilities of the Protective Services Agency in Carrying Out the Elder Protective Services Program
- 5.05: Designation of Protective Services Agencies
- 5.06: Termination of Designation
- 5.07: Availability of Funds
- 5.08: Reporting Process/Intake
- 5.09: Who Must Report
- 5.10: Contents of Reports
- 5.11: Screening of Reports
- 5.12: Screening Decisions
- 5.13: Notification to Protective Services Agencies of Reports
- 5.14: Assessment of Reports
- 5.15: Action Upon Finding No Reportable Condition Following Assessment
- 5.16: Conducting a Functional Evaluation
- 5.17: Financial Eligibility for Protective Services
- 5.18: Development of a Service Plan
- 5.19: Obtaining Consent for Protective Services
- 5.20: Implementation of Service Plan with Client's Consent
- 5.21: Actions When Consent Not Available
- 5.22: Actions If Client Lacks the Capacity to Consent/Emergency Report
- 5.23: Actions If Client Lacks the Capacity to Consent/Non-Emergency Report
- 5.24: Provisions Applicable to Petitions to the Court Under M.G.L. c. 19A, ss. 20(a) or 20(b)
- 5.25: Follow-Up and Reassessment of Protective Services Plan
- 5.26: Providing Documentation of Casework and Services
- 5.27: Reporting to District Attorneys and Time Frames For Reporting
- 5.28: Financial and Administrative Responsibilities of Protective Services Agencies Under the Protective Services Program
- 5.29: Privacy and Confidentiality Requirements
- 5.30: Non-Discrimination in Service Delivery
- 5.31: Non-Discrimination in Employment
- 5.32: Protection of Clients
- 5.33: Affirmative Action
- 5.34: Waivers
- 5.35: Annual Report

5.01: Scope and Purpose

651 CMR 5.00 is promulgated under the authority of M.G.L. c. 19A, ss. 16(d), 16(e), 18(a) and 22 (Chapter 604 of the Acts of 1982). 651 CMR 5.00 establishes criteria and procedures for the designation, redesignation, or termination of Protective Services Agencies designated by the Department, sets forth the basis for determining those instances in which a report of Abuse or neglect may or must be made to the Department or its designated Protective Services Agencies, specifies the manner in which reports must be made, specifies the action which must be taken in receiving, investigating, and otherwise responding to such reports, including the provision of Protective Services to Elderly Persons who are determined to be Abused.

Please note that reports of abuse of elderly persons in any infirmary maintained in a town, convalescent or nursing home, rest home, charitable home for the aged or intermediate care facility for the mentally retarded, as defined in M.G.L. c. 111, s. 71 shall continue to be made to the Department of Public Health pursuant to M.G.L. c. 111, ss. 72(F) - 72(L) and shall not be made to the Department of Elder Affairs under M.G.L. c. 19A, ss. 15 and 16.

5.02: Definitions

As used in 651 CMR 5.00, unless the context requires otherwise, these terms shall have the following meanings:

Abuse. An act or omission which results in serious physical or emotional injury to an elderly person; provided, however, that no person shall be considered to be abused or neglected for the sole reason that such person is being furnished or relies upon treatment in accordance with the tenets and teachings of a church or religious denomination by a duly accredited practitioner thereof.

Adult Day Care Services shall include Social Day Care Services and Adult Day Health Services. Adult Day Care Services provide an individualized program of social activities for Eligible Elderly persons who require daytime supervision because of physical impairment or social or emotional problems that impair their capacity for self-care. Activities of social day care include: assistance with walking; assistance with mealtime activities; assistance with grooming; nutrition services including a minimum of (1) meal per day which is of suitable quality and quantity and contains at least one-third (1/3) of the current daily Recommended Dietary Allowance (RDA) as established by the Food and Nutrition Board of the National Academy of Sciences, National Research Council, as appropriate for the elder's age group; special diets must be made available if indicated by a client's Home Care Service plan; morning and afternoon snacks should be available for clients at the day care center; and client activities, including planned recreational and social activities suited to the needs of participants and designed to encourage physical and mental exercise and stimulate social interaction. Adult Day Care Services must be provided by trained and supervised staff. Adult Day Health Services are services provided by Adult Day Health Programs approved for operation by the Department of Public Welfare, and operating in accordance with 106 CMR 404.000 et seq. and whose general goal is to provide an alternative to twenty-four (24) hour a day long term institutional care through an organized program of health care and supervision, restorative services, and socialization.

Capacity to Respond to an Emergency. The capacity of a Protective Services Agency to, in an Emergency, provide Protective Services Casework; complete an assessment of an abused elderly person within twenty-four (24) hours of the receipt of the report; provide or arrange for the provision of one or more other appropriate Protective Services to an elderly person suffering from a reportable condition to alleviate the immediate danger of abuse on an emergency basis, including but not limited to a petition to the Court for an emergency order of protective services pursuant to M.G.L. c. 19A, s. 20(b), where appropriate.

Caretaker. The person responsible for the care of an elderly person, which responsibility may arise as the result of a family relationship, or by a voluntary or contractual duty undertaken on behalf of an elderly person, or may arise by a fiduciary duty imposed by law.

(a) **Responsibility arising from a family relationship.** A husband, wife, son, daughter, brother, or sister, or other relative of an elderly person shall be presumed to be a caretaker if (s)he is living with the elderly person on a regular basis or is otherwise acting in the role of caretaker by providing substantial assistance to the elderly person which would lead a reasonable person to believe that (s)he is acting in the role of caretaker.

(b) **Responsibility arising from a fiduciary relationship imposed by law.** A Guardian of the person and estate of an elderly person appointed by the Probate Court pursuant to M.G.L. c. 201 shall be a caretaker. A conservator of an elderly person appointed by the Probate Court pursuant to M.G.L. c. 201, shall be caretaker of said elderly person to the extent that (s)he must apply the assets of the estate of the elderly person to provide the necessities essential for the physical, intellectual and emotional well-being of the elderly person. The attorney-in-fact, holding a power of attorney or durable power of attorney pursuant to M.G.L. c. 201B, shall be caretaker of the elderly person granting such a power to the extent that the power of attorney or durable power of attorney requires her/him to apply the assets of the elderly person to provide the necessities essential for the physical, intellectual and emotional well-being of the elderly person.

(c) **Responsibility arising from a contractual relationship.** A person who is responsible for the care of an elderly person and receives monetary or personal

5.02: continued

benefit or gains as a result of a bargained for agreement with the elderly person to act as a Caretaker shall be a caretaker. A homemaker, home health aide, case manager, visiting nurse or employee of a Homemaker Service Agency, Home Care Corporation or Agency, or Visiting Nurses Association shall not be a caretaker under this definition.

(d) Responsibility arising out of the voluntary assumption of the duties of Caretaker. A person who undertakes a voluntary duty of care for an elderly person shall be presumed not to be a caretaker unless one or more of the following criteria are met by the reputed caretaker:

1. The reputed caretaker is living in the household of the elderly person;
2. The reputed caretaker is related to the elderly person and (s)he has acted or is acting by providing substantial assistance or in such a manner as to lead a reasonable person to believe that (s)he is acting as a caretaker;
3. The care being rendered by the reputed caretaker is a permanent and not temporary duration in that the reputed caretaker maintains a physical presence in the household on a regular basis.
4. The elderly person by her/his actions, statements, or behavior, indicates reliance upon the reputed caretaker for care in such a manner that a reasonable person would believe that the reputed caretaker is being relied upon by the elderly person to care for her/him;
5. The reputed caretaker, by her/his actions, statements, or behavior, indicates voluntary assumption of the obligation of caretaker in such a manner that a reasonable person would believe that the reputed caretaker is being relied upon to care for the elderly person;

Comprehensive Needs Assessment Process (CNAP). An instrument, provided by the Department, designed to assess the physical, emotional, and social functioning of prospective and current clients; determine the specific needs of each client; and facilitate the development of an appropriate service plan.

Conservator. A person who is appointed to manage the estate of a person pursuant to M.G.L. c. 201.

Conservatorship Services. Services to be provided by an individual, public agency authorized by law, or non-profit corporation, within the meaning of I.R.C. s. 501(c)(3) (1954), as amended, whose corporate charter authorizes the corporation to act as a conservator of an elderly person pursuant to the provisions of M.G.L. c. 201, whether the disabilities of such elderly person are due to advanced age, physical incapacity, mental weakness, or mental retardation to the extent and for the duration determined by the Court. Such services shall be provided only to an elderly person who, as the result of an assessment and functional evaluation by a Protective Services Agency, has been determined to be suffering from a reportable condition; is in need of Conservatorship Services; has themselves or through the order of the Court consented to the provision of such services; and is otherwise eligible to receive such services. These services shall be provided in the best interest of the elderly person and shall include taking all actions necessary in seeking and accepting appointment as Conservator; making all financial decisions regarding the real and personal property of the elderly person within the limits of the order of the Court and the laws of the Commonwealth; representing such elderly person as attorney-in-fact in legal actions as permitted by law; and doing all things necessary and appropriate to properly discharge the duties and responsibilities arising out of each such appointment as Conservator.

Counseling Services. Communication with elderly persons intended to prevent or alleviate Abuse. Interaction between a Protective Services Caseworker or other qualified person and an Eligible Elderly Person and/or Abuser intended to prevent or alleviate abuse and/or the effects of abuse.

Court. The Probate and Family Court of the Commonwealth.

Data Subject. An individual to whom personal data refers. This term shall not include corporations, corporate trusts, or other similar entities.

5.02: continued

Department. The Department of Elder Affairs.

Designation Agreement. An agreement between the Department and the Protective Services Agency providing for designation of such agency as the Protective Services Agency for a Protective Services area, which provides for such Agency to provide one or more Protective Services either directly or through sub-contract with funding through the Department, or by interagency agreement, or by use of available existing services.

Elderly Person. An individual who is sixty (60) years of age or over.

Eligible Elderly Person. An elderly person who, as a result of an assessment and functional evaluation by a Protective Services Agency, has been determined to be suffering from a reportable condition, is in need of one or more Protective Services; has themselves or through the provisions of M.G.L. c. 19A, ss. 20(a) and 20(b) consented to the provision of one or more Protective Services; and is otherwise eligible to receive one or more of such services.

Emergency. A situation in which an elderly person is living in conditions which present a substantial risk of death or immediate and serious physical or mental harm.

Emergency Report. A written or oral report, received by the Department or Protective Services Agency, from which it is determined, through screening, that a situation in which an elderly person is living presents a substantial risk of death or immediate and serious physical injury or serious mental harm to the elderly person.

Emergency Shelter is a service designed to provide temporary overnight shelter for an Eligible Elderly Person, or an Eligible Elderly Person and his/her household, who are without a home due to eviction; fire, flood, or other natural disaster; abuse, neglect or alcohol or drug dependency; or economic incapacity and/or unsafe housing conditions, including lack of fuel and/or utilities as determined by the Home Care Corporation. Home Care Corporation funded Emergency Shelter may be provided for no more than fourteen (14) calendar days during a six (6) month period at a cost not to exceed an amount specified by the Department.

Foster Care is care through an Adult Foster Care Program to provide room, board, and personal care in a family-like setting to Eligible Elderly Persons who are at risk of institutional placement. These individuals, the foster families, and the Adult Foster Care Program provider must meet the requirements set forth by the Department of Public Welfare Medical Assistance Program in 106 CMR 433.477 et seq.

Guardian. A person who has qualified as a guardian of an elderly person pursuant to M.G.L. c. 201, but shall not include a guardian ad Litem.

Guardianship Services. Services to be provided by an individual, public agency authorized by law or non-profit corporation, within the meaning of I.R.C. s. 501(c)(3) (1954), as amended, whose corporate charter authorizes the corporation to act as a guardian of an elderly person with disabilities pursuant to the provisions of M.G.L. c. 201, whether the disabilities of such an elderly person are due to mental illness, or mental retardation, to the extent and for the duration determined by the Court. Such services shall be provided only to an elderly person who, as the result of an assessment and functional evaluation by a Protective Services Agency, has been determined to be suffering from a reportable condition; is in need of Guardianship Services; lacks the capacity to consent to the provision of these services, and no other person who is authorized to consent is available or willing to consent; has no family or other person available or willing to serve in the capacity of guardian; and is otherwise eligible to receive such services. These services shall be provided in the best interests of the elderly person and shall include taking all actions necessary in seeking and accepting appointment as guardian, and shall include making personal care,

5.02: continued

medical and financial decisions for the elderly person within the limits of the order of the Court and the laws of the Commonwealth; representing such elderly person as attorney-in-fact in legal actions as permitted by law; and doing all things necessary and appropriate to properly discharge the duties and responsibilities arising out of each such appointment as guardian.

Holder. The Department and each Protective Services Agency which collects, uses, maintains or disseminates personal data as a result of performing a governmental or public function or purpose under M.G.L. c. 19A, ss. 14 - 26. Each Protective Services Agency is a Holder and subject to the provisions of 651 CMR 5.00 only with respect to personal data held under contract or arrangement with the Department under the Elder Protective Services Program.

Home Care Corporation. That unit of a designated area agency on aging charged with responsibility for the home care program; an independent Home Care Corporation organized under M.G.L. c. 180, or any other agency or organization which is supported by funds available through the Department to assure provision of home care services to elderly persons, within a designated planning and service area in the Commonwealth. A Home Care Corporation performs case management and information and referral services under the Home Care Program. A majority of the governing body of the Home Care Corporation shall be persons sixty years of age or older who reside in the cities or towns served by said Corporation. A majority of the governing body of the Home Care Corporation, except those serving the City of Boston, shall be appointed by the Councils of Aging of the cities and towns served by the Corporation. Other requirements for a Home Care Corporation are set forth in M.G.L. c. 19A, s. 4(c).

Home Health Aide Services. The provision of personal care in the home under the supervision of a registered nurse, or, if appropriate, a physical, speech, or occupational therapist. Home Health Aide Services are performed by trained personnel who assist Eligible Elderly Persons in following physicians' instructions and established plans of care. Additional services include, but are not limited to, assisting the patient with activities of daily living, exercising, taking medications ordered by a physician which are ordinarily self-administered, assisting the patient with necessary self-help skills, and reporting to the professional supervisor any changes in the patient's condition or family situation.

(a) Nursing Services. Service provided by a registered nurse, licensed practical nurse, or a nursing student under the supervision of a registered nurse, including, but not limited to the following: evaluating the nursing care needs; developing and implementing a nursing care plan; providing services that require specialized skills; observing signs and symptoms; reporting to the physician; initiating nursing procedures; giving treatments and medications ordered by the physician; teaching the patient and family, and may also include supervising other personnel.

(b) Occupational Therapy. Service provided by a registered occupational therapist (O.T.R.), a certified occupational therapy assistant (COTA), or an occupational therapy student which is supervised by a registered occupational therapist including: evaluating patient's level of function; applying diagnostic and prognostic procedures; teaching activities of daily living; observing and reporting to the physician; instructing the patient, family and health team personnel, and may also include supervising other personnel.

(c) Physical Therapy. Service provided by a registered physical therapist (R.P.T.); a physical therapy assistant (P.T.A.), or a physical therapy student which is supervised by a registered physical therapist including: evaluating patient care needs; treating patient with active and passive exercises; using specialized equipment such as packs, vibrators, etc; observing signs and reporting symptoms to the physician; instructing patient, family, and health team personnel in the use of braces, other equipment and modalities, and may also include supervising other personnel.

(d) Speech Therapy. Service provided by a qualified speech therapist, a speech therapy assistant, or a speech therapy student which is supervised by a qualified speech therapist including: evaluating patient care needs; providing rehabilitating services for speech and language disorders; observing and reporting to the physician; instructing patient, family and health care team

5.02: continued

personnel, and may also include supervising other personnel.

The Home Care Corporation shall identify appropriate clients for Home Health Services and shall make referral of such clients to the Certified Home Health Agency. A registered nurse from a Certified Home Health Agency shall complete a nursing assessment to determine the type, amount, and frequency of Home Health Services needed. A health service care plan shall be developed in coordination with the client's comprehensive service plan. The Home Care Corporation Case Manager, registered nurse, and the Certified Home Health Agency registered nurse shall agree on the integrated service plan prior to the authorization of Home Health Services. Monitoring the coordination of the home health care plan with the client's comprehensive service plan shall be the responsibility of the Home Care Corporation. The financial management of Home Health Services shall be the responsibility of the Home Care Corporation. Home Health Services shall be authorized for a maximum of six (6) months and ten (10) business days.

Homemaker Service. Homemaker Service is designed to help maintain household functioning when a Family's or eligible Elderly Person's life is threatened with disruption by long or short term illness, disability, social maladjustment, or problems which require assistance in the home to sustain independent living. Homemaker Service is concerned primarily with home management and assistance with activities of daily living and instrumental activities of daily living for a person who has a multiplicity of needs. For Homemaker Service to be authorized, an Eligible Elderly Person must have a need for one or more of the stated activities, except in the case of socialization which can only be provided in conjunction with one or more other activities. The service requires trained personnel working under agency supervision. Activities are limited to the following: shopping, menu planning, and meal preparation including special diets; light housekeeping, including but not limited to vacuuming, laundry, dusting, dry mopping, dishwashing, cleaning the kitchen and bathroom, changing beds; training in home management skills; socialization; and personal care services as defined below:

Personal care services refers to activities designed to assist functionally impaired clients to remain at home. The activities performed to assist the client may include the following: bathing, dressing, and grooming (hair care: shampoo and combing); foot care, excluding nail cutting; assistance with dentures; shaving (limited to shaving with an electric razor); assisting with bedpan routines; assisting with eating; assisting with ambulating; and assisting with transfers (excluding transfers if the Client is totally dependent).

All personal care tasks must be reviewed and approved by the Home Care Corporation Registered Nurse.

Legal Assistance. Legal advice and representation provided to an eligible elderly person by an attorney in civil matters (and to the extent feasible, counseling and other appropriate assistance by a paralegal, or law student under the supervision of an attorney), including counseling or representation by a non-lawyer where permitted by law, to Elderly Persons who are determined to be abused.

Mandated Reporter Subject to Fine. Any physician, medical intern, dentist, nurse, family counselor, probation officer, social worker, policeman, firefighter, emergency medical technician, licensed psychologist, registered physical therapist, registered occupational therapist, osteopath, podiatrist, executive director of a licensed home health agency or executive director of a homemaker service agency who has Reasonable Cause to Believe that an Elderly person is suffering from or has died as a result of a Reportable Condition.

Mandated Reporter Not Subject to Fine. Any executive director of a Home Care Corporation who has reasonable cause to believe that an elderly person is suffering or has died as the result of a reportable condition. Any homemaker, home health aide, case manager or other staff of a Home Care Corporation, licensed home health agency, or homemaker service agency who is not a licensed social worker, nurse, licensed psychologist, or family counselor, who has reasonable cause to believe that an elderly person is suffering, or has died from a

5.02: continued

reportable condition, shall be included in this category. Those occupations set forth in the previous sentence shall report such case to the executive director of the Home Care Corporation or agency.

Nutrition Project. An organization which is the recipient of a grant from an area agency on aging to provide Nutrition Services or which has the administrative authority under contract to provide Nutrition Services under Title III-C of the Older Americans Act, as amended.

Nutrition Services. Those federally funded services to be provided by Nutrition Projects to eligible elderly persons under Title III-C of the Older Americans Act, as amended, and those services provided to eligible elderly persons under the statefunded nutrition program in which certain funded costs to sponsoring agencies are paid through the Department. These services shall include, but not be limited to, congregate meals (a meal provided in a congregate setting to eligible elderly persons which meet the requirements set by the Department in 651 CMR 4.06) and home delivered meals (a meal which is furnished by a sponsoring agency to an eligible elderly person who is homebound by reason of illness, incapacitating disability, or isolation which meets the requirements set by the Department in 651 CMR 4.06).

Personal Data. Any information concerning an individual which, because of identifying number, mark or description, can be readily associated with a particular individual; provided, however, that such information is not contained in a Public Record, as defined in M.G.L. c. 4, s. 7, clause 26. Personal data shall not include intelligence information, evaluative information or criminal offender record information as defined in M.G.L. c. 6, s. 167.

Personal Data System. A system of records operated by the Department and each Protective Services Agency, which system is organized such that data are retrievable by use of the identity of the Data Subject.

Protected Person. An elderly person for whom a protector, conservator or guardian has been appointed or other protective order has been made.

Protective Order Through the Court. An order of the Court sought by petition under M.G.L. c. 19A, ss. 20(a) or (b) for the provision of one or more Protective Services for an Elderly person who is suffering from abuse, lacks the capacity to consent to such services, or requires the determination of his/her capacity to consent to such services, and as the result of a report of abuse, and subsequent assessment, evaluation, and service plan developed by the Protective Services Agency is determined to be in need of such Protective Services. A Protective Order may be sought through the Court to conduct an assessment and functional evaluation in cases where a Protective Services Agency has reasonable cause to believe that access to the allegedly abused elderly person has been barred by any person other than such allegedly abused elderly person.

Protective Services. Services which are necessary to prevent, eliminate or remedy the effects of abuse to an elderly person. Subject to appropriation, these services shall include, but not be limited to, the following: the Capacity to Respond to an Emergency, Protective Services Case Work, Legal Assistance, Counseling, Guardianship and Conservatorship, Protective Order Through the Court, the capacity to provide or arrange for Homemaker, Home-Health Aide, Transportation, Nutrition Services, Emergency Shelter, Foster Care, and Adult Day Care Services.

Protective Services Agency. A public or nonprofit private agency, corporation, board, or organization designated by the Department pursuant to M.G.L. c. 19A, s. 16 to furnish Protective Services to an eligible elderly person.

Protective Services Casework. Services provided to an elderly person by a Protective Services Agency including: conducting an assessment to determine if an elderly person is suffering from abuse; developing an evaluation of the elderly

5.02: continued

person's functional capacity, situation and resources; developing a service plan; providing or arranging for protective services to an eligible elderly person with her/his consent or with consent established in accordance with the provisions of M.G.L. c. 19A, ss. 20(a) or 20(b); providing information and referral to appropriate agencies; having the capacity to respond to an emergency; and providing counseling to elderly persons regarding the alleviation or prevention of abuse and availability of services.

Protective Services Caseworker. An employee of a Protective Services Agency who performs intake and/or assessment, functional evaluation and service planning under the Elder Protective Services Program.

Protective Services Program. The system of reporting of abuse of elderly persons and provision of Protective Services authorized to be carried out by the Department pursuant to M.G.L. c. 19A, ss. 14 - 26, subject to appropriation.

Public Records. Any document made or received by an officer or employee of the Commonwealth or of any authority established by the General Court to serve a public purpose unless it falls within the exceptions contained in M.G.L. c. 4, s. 6, clause 26.

Reasonable Cause to Believe. A basis for judgment that rests on specific facts, either directly observed or obtained from reliable sources, that supports a belief that a particular event probably took place or a particular condition probably exists.

Reportable Condition.

- (a) **Acts.** Acts include either or both of the following:
 - 1. **Physical Abuse:** The non-accidental infliction of serious physical injury to an elderly person.
 - 2. **Emotional Abuse:** The non-accidental infliction of serious emotional injury to an elderly person.
- (b) **Omissions.** Omissions include the following:
 - Neglect:** The failure or refusal by a caretaker to provide one or more of the necessities essential for physical, intellectual, and emotional well-being, such as food, clothing, shelter, social contact, personal care, and medical care, which results in serious physical or emotional injury to an elderly person.

Serious Abuse. Reportable conditions to be reported to the District Attorney pursuant to M.G.L. c. 19A, s. 18(a) shall include, but not be limited to, the following:

- (a) Death;
- (b) Brain damage;
- (c) Loss or substantial impairment of a bodily function or organ;
- (d) Substantial disfigurement;
- (e) Rape, sexual misuse or sexual exploitation.

Serious Emotional Injury. An extreme emotional condition such as a severe state of anxiety, fear, depression or withdrawal, development of post traumatic syndrome, including but not limited to symptoms resulting from being forced to engage in sexual relations by force, threat of force or duress.

Serious Physical Injury.

- (a) Death, or
- (b) Fracture of a bone; extensive skin bruising; nontrivial bleeding; unreasonable decubiti; puncture wound; impairment of any system or organ; symptoms resulting from the use of medications or chemical restraints which harm the elderly person; and any other non-trivial injury including malnutrition and dehydration.

Transportation Services. Services designed to transport eligible elderly persons to and from community facilities (such as senior centers and nutrition sites), and community organizations for the purpose of socialization or applying

5.02: continued

for and receiving services, shopping, and for non-medical emergencies. Transportation Services include provision of public, private para-transit, or other forms of transportation not otherwise available pursuant to the Medicare or Medicaid programs.

5.03: Functions and Responsibilities of the Department in the Administration of the Elder Protective Services Program

(1) The Department shall, subject to appropriation, maintain a state-wide system to receive reports of the abuse of elderly persons, which shall be accessible on a twenty-four (24) hour per day basis. Further, the Department shall, subject to appropriation, develop a coordinated system of Protective Services for elderly persons suffering from a reportable condition(s) pursuant to M.G.L. c. 19A, s. 16.

(2) General Responsibilities of the Department. Subject to appropriation, the general responsibilities of the Department under the Protective Services Program shall include, but not be limited to the following:

- (a) Establish a mechanism to receive reports of abuse of elderly persons on a twenty-four (24) hour per day basis.
- (b) Designate, redesignate and terminate Protective Services Agencies;
- (c) Continually coordinate and supervise the Protective Services Program;
- (d) Adopt rules and regulations for the Protective Services Program;
- (e) Continuously monitor the effectiveness of the Protective Services Program and conduct evaluative research about it;
- (f) Utilize grants from federal, state, and other public and private sources to support the Protective Services Program;
- (g) Screen reports of abuse of elderly persons received and refer cases to Protective Services Agencies for assessment, functional evaluation, and implementation of a service plan, where appropriate;
- (h) Seek protective orders through the Court, where appropriate;
- (i) Contract with Protective Services Agencies and other organizations and individuals, as appropriate, to implement the Protective Services Program;
- (j) Appoint regional supervisors who shall provide monitoring, technical assistance, training, clinical advising, and assistance in responding to an emergency;
- (k) Perform all other functions necessary for the administration of the Protective Services Program.

5.04: Functions and Responsibilities of the Protective Services Agency in Carrying Out the Protective Services Program

(1) Subject to appropriation, the general responsibilities of the Protective Services Agency shall include, but not be limited to, the following:

- (a) Receive reports of abuse of elderly persons directly from mandated reporters subject to fine, mandated reporters not subject to fine, other persons, and the Department;
- (b) Screen such reports to determine whether there is reasonable cause to believe that an elderly person is suffering from or has died from abuse, and determine whether the case is an emergency or non-emergency situation;
- (c) Forward a copy of each intake form to the Department within forty-eight (48) hours of receipt of each report;
- (d) Where an emergency exists, have the capacity to respond to an emergency; if no reportable condition is found, and if services are needed or requested, refer the elderly person to an appropriate agency(s);
- (e) In a non-emergency, conduct and complete an assessment of the allegedly abused elderly person within seven (7) calendar days of receiving the report. The assessment shall include a visit to the residence of the elderly person who is the subject of the report and consultation with appropriate service agencies and individuals who have knowledge of the elderly person's situation. If no reportable condition is found, and if services are needed or requested, refer the elderly person to an appropriate agency(s);
- (f) Where an assessment results in a finding that a reportable condition exists, complete an evaluation of the person's functional capacity, situation, and resources and develop a service plan for the provision of Protective Services which is:

5.04: continued

1. appropriate to the needs of the elderly person; and
2. utilizes the least restrictive service alternative(s);

(g) Determine the financial eligibility of the abused elderly person for purposes of collecting a sliding fee for the provision of certain Protective Services, other than Protective Services Casework, funded through the Department;

(h) If informed consent can be obtained from an elderly person suffering from a reportable condition, implement the service plan for the provision of one or more Protective Services;

(i) If informed consent for provision of Protective Services cannot be obtained due to the lack of capacity to consent by the elderly person, petition directly for a protective order through the Court pursuant to M.G.L. c. 19A, s. 20(a); provide Protective Services as ordered by the Court;

(j) Have the capacity to directly provide Protective Services Casework (including counseling);

(k) Provide or arrange for an evaluation of the capacity to consent to one or more Protective Services for an abused Elderly Person for whom a petition has been filed, or will be filed, for a Protective Order through the Court pursuant to M.G.L. c. 19A, ss. 20(a) or 20(b), or for an evaluation of mental competency and/or physical incapacity prior to petitioning for a Guardianship or Conservatorship.

(l) Report determinations of Serious Abuse to the District Attorney of the County where the abuse occurred within forty-eight (48) hours of such determination. As a result of an assessment, the Agency may, in its discretion, report threats of Serious Abuse to the District Attorney, in the same manner as determinations of Serious Abuse set forth above, where the Agency has reasonable cause to believe that the perpetrator may have the intent and capacity to carry out the threatened Serious Abuse. The Protective Services Agency and its employees shall be subject to the protections against civil or criminal liability by reason of providing notification or information to a District Attorney, or testimony in Court by reason of such report as set forth in M.G.L. c. 19A s. 23(e).

(m) Report cases in which there is reasonable cause to believe that an Elderly person has died as the result of abuse immediately to the District Attorney of the County where the abuse occurred, and to the Department.

(n) Provide or arrange for the provision of Protective Services or other services where available and in accordance with the service plan with consent of the elderly person, or upon the order of the Court pursuant to M.G.L. c. 19A, ss. 20(a) or 20(b);

(o) Contract with the Department, and other organizations and individuals, as appropriate, to implement and maintain the Protective Services Program;

(p) Perform all other functions determined by the Department to be necessary for the administration of the Protective Services Program;

(q) Comply with regulations developed by the Department to implement and maintain the Protective Services Program.

5.05: Designation of Protective Services Agencies

(1) Types of Agencies that May Be Designated. The Department may designate as a Protective Services Agency any public agency or private non-profit organization which has the capacity to implement a service plan through access to social, health and mental health services. The Department and the Protective Services Agency shall cooperate in utilizing resources and services of public and non-profit private agencies in providing Protective Services. A Protective Services Agency may be an agency whose single purpose is to administer programs for elderly persons or a multi-purpose agency with the ability and capacity to carry out the Protective Services Program.

(2) Procedures Prior to Designation. Prior to designating a Protective Services Agency, the Department may, in its discretion:

- (a) Consider the views of the unit(s) of general purpose local government and area agency on aging within the Protective Services area regarding the capacity of the bidding agency or organization to carry out the responsibilities of the Protective Services Program;
- (b) Conduct an on-site assessment to determine whether the Protective Services Agency or organization which is being considered has the capacity to

5.05: continued

perform all of the functions of a Protective Services Agency under the Protective Services Program;

(c) Designate a Protective Services Agency to serve more than one Protective Services area if, in its judgment, no agency or organization is qualified to serve as the Protective Services Agency in a given area.

(3) Method and Duration of Designation. The Department shall designate Protective Services Agencies for a maximum period of three (3) years. Each designation may be reviewed at least annually. Designation will be made by a letter signed by the Secretary which shall accompany the written agreement between the Department and the Protective Services Agency. The Protective Services Agency may not delegate to another agency the authority to award or administer Protective Services funds under this designation.

(4) Protective Services Geographic Areas. The Department shall designate at least one public agency or private non-profit organization to act on behalf of the Department as a Protective Services Agency for a Protective Services area. There shall be twenty-seven (27) Protective Services areas including the following cities and towns.

Cities and Towns Covered:

Region IA

Adams, Alford, Becket, Cheshire, Clarksburg, Dalton, Egremont, Florida, Great Barrington, Hancock, Hinsdale, Lanesborough, Lee, Lenox, Monterey, Mount Washington, New Ashford, New Marlborough, North Adams, Otis, Peru, Pittsfield, Richmond, Sandisfield, Savoy, Sheffield, Stockbridge, Tyringham, Washington, West Stockbridge, Williamstown, Windsor

Region IB

Ashfield, Athol, Bernardston, Buckland, Charlemont, Colrain, Conway, Deerfield, Erving, Gill, Greenfield, Hawley, Heath, Leverett, Leyden, Monroe, Montague, New Salem, Northfield, Orange, Petersham, Phillipston, Rowe, Royalston, Shelburne, Shutesbury, Sunderland, Warwick, Wendell, Whately

Region IC

Amherst, Blandford, Chester, Chesterfield, Cummington, Easthampton, Goshen, Granville, Hadley, Hatfield, Huntington, Middlefield, Montgomery, Northampton, Pelham, Plainfield, Russell, Southampton, Southwick, Tolland, Westfield, Westhampton, Williamsburg, Worthington

Region ID

Belchertown, Chicopee, Granby, Holyoke, Ludlow, South Hadley, Ware

Region IE

Agawam, Brimfield, East Longmeadow, Hampden, Holland, Longmeadow, Monson, Palmer, Springfield, Wales, West Springfield, Wilbraham

NON-TEXT PAGE

5.05: continued

Region IIA

Ashburnham, Ashby, Ayer, Berlin, Bolton, Clinton, Fitchburg, Gardner, Groton, Hubbardston, Lancaster, Leominster, Lunenburg, Pepperell, Princeton, Shirley, Sterling, Templeton, Townsend, Westminster, Winchendon

Region IIB

Auburn, Barre, Boylston, Grafton, Hardwick, Holden, Leicester, Millbury, New Braintree, Oakham, Paxton, Rutland, Shrewsbury, West Boylston, Worcester

Region IIC

Bellingham, Blackstone, Brookfield, Charlton, Douglas, Dudley, East Brookfield, Franklin, Hopedale, Medway, Mendon, Milford, Milville, Northbridge, North Brookfield, Oxford, Southbridge, Spencer, Sturbridge, Sutton, Upton, Uxbridge, Warren, Webster, West Brookfield

Region IIIA

Beverly, Essex, Gloucester, Hamilton, Ipswich, Manchester, Rockport, Topsfield, Wenham

Region IIIB

Danvers, Marblehead, Middleton, Peabody, Salem

Region IIIC

Lynn, Lynnfield, Nahant, Saugus, Swampscott

Region IIID

Chelsea, Revere, Winthrop

Region IIIE

Everett, Malden, Medford, Melrose, North Reading, Reading, Stoneham, Wakefield

Region IIIF

Cambridge, Somerville

Region IIIG

Acton, Arlington, Bedford, Boxborough, Burlington, Carlisle, Concord, Harvard, Lexington, Lincoln, Littleton, Maynard, Stow, Wilmington, Winchester, Woburn

Region IIIH

Belmont, Brookline, Needham, Newton, Waltham, Watertown, Wellesley, Weston

Region IIJ

Ashland, Dover, Framingham, Holliston, Hopkinton, Hudson, Marlborough, Natick, Northborough, Sherborn, Southborough, Sudbury, Wayland, Westborough

Region IIIK

Clinton, Dedham, Foxborough, Medfield, Millis, Norfolk, Norwood, Plainville, Sharon, Walpole, Westwood, Wrentham

5.05: continued

Region III

Braintree, Cohasset, Hingham, Holbrook, Hull, Milton, Norwell, Quincy, Randolph, Scituate, Weymouth

Region IVA

Abington, Avon, Bridgewater, Brockton, Carver, Duxbury, East Bridgewater, Easton, Halifax, Hanover, Hanson, Kingston, Lakeville, Marshfield, Middleboro, Pembroke, Plymouth, Plympton, Rockland, Stoughton, Wareham, West Bridgewater, Whitman

Region IVB

Attleboro, Berkley, Dighton, Fall River, Freetown, Mansfield, North Attleboro, Norton, Raynham, Rehoboth, Seekonk, Somerset, Swansea, Taunton, Westport

Region IVC

Achusnet, Dartmouth, Fairhaven, Gosnold, Marion, Mattapoisett, New Bedford, Rochester

Region IVD

Barnstable, Bourne, Brewster, Chatham, Chilmark, Dennis, Eastham, Edgartown, Falmouth, Gay Head, Harwich, Mashpee, Nantucket, Oak Bluffs, Orleans, Provincetown, Sandwich, Tisbury, Truro, Wellfleet, West Tisbury, Yarmouth

Region V

Amesbury, Andover, Billerica, Boxford, Chelmsford, Dracut, Dunstable, Georgetown, Groveland, Haverhill, Lawrence, Lowell, Merrimack, Methuen, Newbury, Newburyport, North Andover, Rowley, Salisbury, Tewksbury, Tyngsborough, Westford, West Newbury

Region VIA

Hyde Park, South Jamaica Plain, Roslindale, West Roxbury, West Mattapan

Region VIB

Allston, Back Bay, Brighton, Fenway, Jamaica Plain, North Dorchester, Parker Hill, Roxbury, South End

Region VIC

Beacon Hill/West End, Charlestown, Chinatown, Columbia Point, Dorchester, East Boston, East Mattapan, North End, South Boston.

5.06: Termination of Designation

(1) Termination for Convenience. Either party may terminate a designation agreement without cause upon provision of written notice to the other at least sixty (60) calendar days before the effective date of such termination.

(2) Termination for Cause.

(a) In the event that either party fails to comply with the provisions of the designation agreement in whole or in part, the other party may, after specifying any alleged breach, default, or non-compliance in writing to the other party and after allowing a reasonable time, but not less than fifteen (15) calendar days for correction thereof, terminate the designation agreement by sending written notice of termination which specifies the reasons for termination to the other party, at least fifteen (15) calendar days prior to the effective date of termination.

5.06: continued

(b) If the Department determines that any non-compliance with the terms of the designation agreement on the part of the Protective Services Agency endangers life, health, and safety of recipients or applicants for services under the designation agreement, it shall terminate the designation agreement by orally notifying the Protective Services Agency of termination followed by the mailing of written notification, return receipt requested, setting forth the reasons for termination within seven (7) calendar days following the oral notification. Termination pursuant to this subsection shall take effect upon the oral notification.

(3) Continuity of Services.

- (a) Upon termination of a designation agreement the Department shall designate a new Protective Services Agency in a timely manner;
- (b) If necessary to ensure continuity of Protective Services in a Protective Services region, the Department may do the following for a period of up to one hundred and eighty (180) days following termination of designation:
 - 1. Assign the responsibilities of the Protective Services Agency to another agency or organization;
 - 2. Extend the agreement with the terminating agency;
 - 3. Perform the responsibilities of the Protective Services Agency.

5.07: Availability of Funds

In the event that funding to the Department by state appropriation for payment for services covered pursuant to the designation agreement is reduced or terminated by the General Court of the Commonwealth of Massachusetts, so as to prevent the continued funding of all service contracts entered into under the appropriation item governing the designation agreement, the Department may terminate the designation agreement on the provision of written notice containing a specification of the reasons for termination at least thirty (30) days prior to the effective date of such termination.

5.08: Reporting Process/Intake

- (1) The Department shall establish a state-wide telephone system whereby reports of alleged abuse of elderly persons shall be received on a twenty-four (24) hour per day, seven (7) day per week basis.
- (2) Each Protective Services Agency shall have the capacity to receive reports of abuse.
- (3) If not received during regular business hours, reports of abuse received by the Department or the Department's twenty-four (24) hour per day designee(s) shall, depending upon the judgment of the Department, be forwarded to the appropriate Protective Services Agency immediately upon receipt or the commencement of the next regular business hours of the Protective Services Agency.
- (4) Oral reports received by the Department or the Department's twenty-four (24) hour per day designee(s) shall also be transcribed onto a form provided by the Department. Such form shall contain the information required in 651 CMR 5.10, and shall be forwarded to the appropriate designated Protective Services Agency as soon as possible.
- (5) Reports of abuse received by a Protective Services Agency shall be transcribed onto a form provided by the Department (if not received in such a manner) and shall contain the information required in 651 CMR 5.10.
- (6) Written information submitted by the reporter of Abuse to the Department, the Department's twenty-four (24) hour per day designee(s), or any Protective Services Agency shall be submitted to the appropriate Agency as soon as possible after its receipt. Such information shall be transcribed onto the form provided by the Department and become part of the case file.

5.08: continued

(7) The Protective Services Agency or the Department's twenty-four (24) hour per day designee(s) shall forward a copy of the intake form to the Department within forty-eight (48) hours of their receipt of the report.

(8) At the time the report is received, the Department, the Department's twenty-four (24) hour per day designee(s) or Protective Services Agency shall advise the person reporting as follows:

- (a) That if they are a mandated reporter as defined in 651 CMR 5.02 they must forward a written statement of their report of abuse to the agency to which the report was made within forty-eight (48) hours after making the verbal report;
- (b) That their report is confidential and is subject to state laws and regulations regarding privacy and confidentiality;
- (c) Mandated reporters subject to fine shall be informed that they will be notified in writing of the action taken in response to the report within forty-five (45) calendar days of the report. Other reporters shall be notified only upon their request. This notice shall include the following information:
 1. Whether or not the information in the report constituted a reportable condition;
 2. Whether or not an assessment was completed;
 3. The name, address and telephone number of the Protective Services Agency conducting the assessment.

5.09: Who Must Report

(1) Mandated Reporters Subject to Fine. Mandated reporters subject to fine, as defined in 651 CMR 5.02 herein, who have reasonable cause to believe that an elderly person is suffering from or has died as a result of Abuse shall immediately make a verbal report of such information or cause a report to be made to the Department or Protective Services Agency. Such person shall within forty-eight (48) hours make a written report to the appropriate Protective Services Agency. Executive directors of licensed home health agencies and Homemaker Service agencies shall establish procedures whereby reports of alleged Abuse of an Elderly Person are forwarded to them by staff as soon as possible after they are received. Such procedures shall be in writing.

(2) Mandated Reporter Not Subject to Fine. Mandated Reporters Not Subject to Fine, as defined in 651 CMR 5.02 herein, who have reasonable cause to believe that an elderly person is suffering or has died from abuse shall report such case to the executive director of their agency. The executive director shall immediately make a verbal report of such information or cause a report to be made to the Department, the Department's twenty-four (24) hour per day designee(s) or the appropriate Protective Services Agency. Such person shall within forty-eight (48) hours make a written report to the appropriate Protective Services Agency.

(3) Other Reporters. Any other person who has reasonable cause to believe that any elderly person is suffering or has died from abuse may make such a report to the Department, the Department's twentyfour (24) hour per day designee(s), or its Protective Services Agency.

(4) Liability and Retribution Against Reporters.

- (a) No employee or supervisor may discharge, demote, transfer, reduce pay, benefits, or work privileges, prepare a negative work performance evaluation, or take any other action detrimental to an employee or supervisor who files a report in accordance with the provisions M.G.L. c. 19A, ss. 15(a), 15(b), or 15(c), by reason of such report.
- (b) No Mandated Reporter Subject to Fine shall be liable in any civil or criminal action by reason of such report; provided however, that such person did not perpetrate, inflict or cause said abuse.
- (c) No Mandated Reporter Not Subject to Fine or other reporter of alleged abuse of an Elderly person shall be liable in any civil or criminal action by reason of such report if it was made in good faith; provided however, that such person did not perpetrate, inflict or cause said abuse.
- (d) Any person making a report of abuse, pursuant to M.G.L. c. 19A, ss. 15(a)(b) or (c) who in the determination of the Department or the

5.09: continued

District Attorney of the County where the abuse occurred may have perpetrated, inflicted, or caused said abuse may be liable in a civil or criminal action by reason of such report.

(5) The existence of a social worker-client privilege or patient-psychotherapist privilege relating to the exclusion of confidential communications shall not prohibit the filing of a report by persons subject thereto pursuant to the provisions of 651 CMR 5.09 (4)(a),(b) or (c).

NON-TEXT PAGE

5.10: Contents of Reports

Each oral and written report shall contain the following information, if known:

- (1) The date and time of the report, and of the alleged abuse;
- (2) The allegedly abused elderly person's
 - (a) Name;
 - (b) Current address;
 - (c) Permanent address if different from above;
 - (d) Approximate age or date of birth;
 - (e) Present whereabouts;
 - (f) Sex;
 - (g) The names, addresses, and telephone numbers of the Elderly Person's Caretaker; or close relatives, if known;
 - (h) The language spoken by the elderly person;
 - (i) Information regarding the nature and extent of abuse;
 - (j) Any indication of prior injury(ies), abuse or neglect and, if available, date(s) and time(s) of incident(s);
 - (k) Whether in the belief of the reporter, the situation reported is one in which the elderly person is living in conditions which present a substantial risk of death or immediate and serious physical injury or serious mental harm;
 - (l) Any medical treatment being received or immediately required, if known;
 - (m) The name, address, and telephone number of the reporter, where they can be contacted and their relationship to the alleged abused elderly person if the reporter wishes to provide said information;
 - (n) The circumstances under which the person reporting first became aware of the alleged abuse;
 - (o) The action taken by the reporter, if any, to assist the abused elderly person;
 - (p) A determination of whether the reporter is a Mandated Reporter as defined in 651 CMR 5.02(24) and 5.02(25) herein; and
 - (q) Any other information the reporter believes to be relevant to the investigation.
- (3) If known, the name, address and current whereabouts of the alleged Abuser and her/his relationship to the allegedly abused elderly person.

5.11: Screening of Reports

- (1) Upon receipt of an oral or written report (whichever is received first) the intake worker shall screen the report to determine the appropriate initial response. The purpose of screening is to determine:
 - (a) Whether there is reasonable cause to believe that a reportable condition exists; and
 - (b) Whether or not an emergency exists.
- (2) In determining 651 CMR 5.11(1)(a) and (b) the intake worker shall apply the facts alleged to the definition of Emergency set forth in 651 CMR 5.02(14), Reasonable Cause to Believe set forth in 651 CMR 5.02(38), Reportable Condition set forth in 651 CMR 5.02(39), Serious Physical Injury set forth in 651 CMR 5.02(42), and Serious Emotional Injury set forth in 651 CMR 5.02(41), Caretaker set forth in 651 CMR 5.02(3); and other appropriate provisions of 651 CMR 5.00; and shall utilize any other information obtained during screening. Such information may be obtained through discussion with the reporter, examination of Department or Protective Services Agency files and any collateral contacts necessary to provide corroborative information specific to the reported incident and the elderly person's condition.

5.12: Screening Decisions

- (1) If the intake worker determines:
 - (a) That there is reasonable cause to believe that a reportable condition exists; and
 - (b) That an emergency exists, e.g., that an elderly person is living in conditions which present a substantial risk of death or immediate and serious

5.12: continued

physical injury or serious mental harm, then the intake worker shall immediately designate the report an Emergency Report and cause the matter to be assigned for an immediate assessment as provided in 651 CMR 5.14.

(2) If the intake worker determines, based on information available in the report and obtained during screening that there is no reasonable cause to believe that a reportable condition exists, the intake form shall be placed in a file and be subject to expungement from the records of the Department and the Protective Services Agency in accordance with 651 CMR 5.29(9). Where appropriate the intake worker shall provide information and referral to the reporter regarding social, legal, health or other services which may be available to the elderly person.

(a) In cases involving reports from mandated reporters subject to fine and mandated reporters not subject to fine, the intake worker shall not determine that no reasonable cause to believe exists without:

1. Direct discussion with the reporter of Abuse, and
2. The assent of the intake worker's Protective Services Agency's supervisor or the regional supervisor of the Department.

(b) The intake worker may determine with supervisory approval that no reasonable cause to believe exists regarding a report from a nonmandated reporter, pursuant to M.G.L. c. 19A, s. 15(c), based upon:

1. A pattern of prior reports from the reporter which, upon investigation by the Department, or Protective Services Agency, have proved unsubstantial, or
2. Persuasive information obtained by the screener from reliable sources that the report cannot be substantiated.

5.13: Notification to Protective Services Agencies of Reports

(1) If the intake worker determines that the report constitutes an Emergency Report, all information on the report shall be immediately forwarded to the appropriate Protective Services Agency and/or regional supervisor.

(2) If the intake worker determines that the report constitutes a non-emergency report, all information in the report shall be forwarded to the appropriate agency as soon as possible and no later than the next business day.

5.14: Assessment of Reports

(1) An assessment of a report shall be in writing and shall determine:

- (a) The identity of the allegedly abused elderly person;
- (b) The nature, extent, and cause(s) of the alleged serious physical or emotional injury;
- (c) The identity of the person(s) alleged to be responsible for the alleged injuries;
- (d) The pertinent facts or matters which in the opinion of the Protective Services Caseworker are necessary to determine whether or not a reportable condition exists.

(2) The assessment shall include, but not be limited to the following:

- (a) A visit to the residence of the elderly person who is the subject of the report for the purpose of interviewing the person about the allegations of abuse; or, if such a visit is not possible, an in-person interview with such elderly person;
- (b) Utilization and completion of the assessment form provided by the Department;
- (c) Interviews with other members of the elderly person's household;
- (d) Collateral contact with service agencies and individuals involved with the elderly person;
- (e) During the home visit, or in-person interview, written notification shall be given to the elderly person, on a form provided by the Department, that an assessment is being conducted and that (s)he has a right to review the Protective Services file. If an unsuccessful attempt has been made to visit the household, or conduct an in-person interview, the written notice shall be forwarded to the allegedly abused elderly person.

5.14: continued

- (3) If a caretaker or family member prevents the Protective Services Caseworker from gaining access to the elderly person who is the subject of the report, the Protective Services Caseworker shall immediately inform her/his Protective Services Agency supervisor. The Protective Services Agency supervisor shall convene a case conference with the Protective Services Caseworker and other appropriate person(s) for the purpose of determining what appropriate action may be warranted to proceed with the assessment.
- (4) The assessment of all emergency reports shall be completed within twenty-four (24) hours following the receipt of the report by the Protective Services Agency. The assessment shall be in writing.
- (5) The assessment of a non-emergency report shall be completed within seven (7) calendar days following the receipt of the report. The day of receipt of the report shall be day one (1) of this period.

5.15: Action Upon Finding No Reportable Condition Following Assessment

- (1) If, after the assessment of an emergency report or a non-emergency report the Protective Services Caseworker determines that no reportable condition exists, the Protective Services Caseworker, with supervisory approval shall:
 - (a) Expunge records in accordance with 651 CMR 5.29(9) within three (3) months of such determination; and
 - (b) Where appropriate, the Protective Services Caseworker shall provide information and referral to the allegedly abused elderly person regarding social, health, legal, or other services which may alleviate the problem of the elderly person;
 - (c) Set forth the determination of no reportable condition in writing to the reporter, if required under 651 CMR 5.08(8)(c) and to the allegedly abused elderly person, if requested.

5.16: Conducting a Functional Evaluation

If after the assessment of a report the Protective Services Caseworker determines that there is reasonable cause to believe that a reportable condition exists, a functional evaluation of the elderly person shall be conducted. Such functional evaluation shall assess the functional capacity, situation and resources of the abused elderly person. It shall involve, but not be limited to, the following activities:

- (1) Determination of the social, physical, and mental situation of the abused elderly person;
- (2) One or more interviews with the elderly person, her/his caretaker, and members of the elderly person's household;
- (3) Collateral contacts with service agencies and individuals to gather information appropriate to the determination of the service needs of the elderly person;
- (4) Completion of the Department's functional evaluation form;
- (5) Completion of the functional evaluation within fourteen (14) calendar days after receipt of the report by the Protective Services Agency. In cases of emergency reports, functional evaluations shall be completed within forty-eight (48) hours following the receipt of the report of abuse by the Protective Services Agency.

5.17: Financial Eligibility for Protective Services

- (1) Protective Services Casework shall be provided without regard to income to eligible elderly persons.

5.17: continued

- (2) An Eligible Elderly Person whose Protective Services service plan requires Home Care Services that may be provided under the Commonwealth's Home Care Program (as defined in 651 CMR 3.01(2)) shall be subject to the financial eligibility requirements set forth in 651 CMR 3.03(2), and the functional impairment level requirements set forth in 651 CMR 3.03(3), and the determination of need requirements set forth in 651 CMR 3.03(4). An Eligible Elderly Person whose Protective Services service plan requires Respite Care shall be subject to the Respite Care Program requirements set forth in 651 CMR 3.06 et seq.
- (3) An Eligible Elderly Person receiving Home Care Services or Respite Care under the Sliding Fee Program as set forth in 651 CMR 3.03(2)(b) or 651 CMR 3.06(4) shall be assessed monthly fees in accordance with such sliding fee rules.
- (4) An Eligible Elderly Person whose service plan requires Home Care Services or Respite Care under the Commonwealth's Home Care Program, whose annual gross income is above the sliding fee program income limits for the Home Care Program and the Respite Care Program shall pay the full cost of Home Care Services provided.
- (5) Home Care Corporations shall not collect fees in excess of the monthly cost of the client's services.
- (6) No Eligible Elderly Person shall be required to reimburse the Department for fees or charges for Protective Services provided, unless he or she has been notified of such fee or charge prior to the commencement of service provision. If in the judgment of the Department or the Protective Services Agency discussion of financial eligibility and/or payment of fees would have an adverse effect upon the provision of Protective Service, no such notification shall be required and no bill shall be sent to the eligible elderly person. Supervisory approval of the determination of adverse effect shall be documented in the case record. Reasonable efforts to determine financial eligibility and/or collect such fees or charges shall be made on a monthly basis following the provision of services.
- (7) Home Care Corporations shall make reasonable efforts to collect such fees or charges on a monthly basis in accordance with 651 CMR 5.17 following the provision of services. All charges shall be paid by check or money order payable to the Home Care Corporation through which the service is provided. The Home Care Corporation shall remit all charges collected to the Department. The failure to pay or partial payment of monthly charges by individuals or families who receive services pursuant to 651 CMR 5.17 shall not affect the eligibility of said individuals and families for such services.
- (8) Co-Payment Under Home-Delivered Meals Program. Home-delivered meals shall be provided on a per meal co-payment basis to all Eligible Elderly Persons who are financially eligible in accordance with 651 CMR 3.03(2)(f) and who need such services subject to the following requirements:
 - (a) Clients who receive home-delivered meals service pursuant to 651 CMR 5.17 shall be requested to pay a co-payment at a rate set at the same levels as the suggested contribution for the Title III-C of the Older Americans Act nutrition program within the service area served by the Home Care Corporation.
 - (b) Home Care Corporations or home-delivered meals providers shall not collect co-payments in excess of the cost per meal approved by the Department.
 - (c) Home Care Corporations and/or the home delivered meals providers shall use due diligence to ensure that fees are collected in accordance with 651 CMR 5.17.
 - (d) The failure to pay or the partial payment of such fees by clients who receive home-delivered meals pursuant to 651 CMR 5.17 shall not affect the eligibility of said clients for such services. Such services shall not be denied on this account.

5.17: continued

(9) Protective Services other than those mentioned in 651 CMR 5.17(1) through 5.17(8) shall be provided or arranged for by the Protective Services Agency subject to appropriation, and subject to the financial and other eligibility criteria of the government agency or private organization providing such service(s).

5.18: Development of a Service Plan

(1) Based on the functional evaluation and other pertinent information, the service plan shall describe, in writing, actions and services needed to eliminate or alleviate abuse. Actions and services may be provided by caseworkers, elderly persons, caretakers, relatives, friends, human service and health services professionals, and others depending on needs and availability of resources. The service plan shall include, but is not limited to, the following:

- (a) Statement(s) of the major problem(s) contributing to abuse;
- (b) Statement(s) of major casework objective(s) whose accomplishment will partially or completely alleviate or eliminate abuse;
- (c) Statement(s) of major activities and services necessary to accomplish casework objectives. Such statement shall include a description of services already being received by the elderly person.

(2) The service plan shall utilize the least restrictive alternatives and shall be subject to consent by the abused elderly person in accordance with the provision of M.G.L. c. 19A, ss. 20(a) and/or (b).

5.19: Obtaining Consent for Protective Services

(1) A Protective Services Agency shall not provide Protective Services to an elderly person who suffers from a reportable condition and who needs such service(s) unless they have obtained one of the following:

- (a) The written consent by the elderly person, or;
- (b) If the elderly person lacks the capacity to consent, authorization for the provision of service(s) in accordance With M.G.L. c. 19A. ss. 20(a) or (b).

(2) The consent shall include, but not be limited to a description of all services to be provided or arranged for, including:

- (a) Unit of service provided per time period (e.g., hours/weeks);
- (b) Duration of services;
- (c) Names and addresses of agencies to be providing services;
- (d) Statement of any fee(s) assessed to the elderly person.

(3) In an emergency, service(s) may be provided with the verbal consent or by an affirmative act of the abused elderly person or guardian and the approval of the Protective Services Caseworker and her/his supervisor. The Protective Services Agency shall attempt to obtain written consent as soon as possible thereafter.

5.20: Implementation of Service Plan with Client's Consent

Upon receipt of consent from the abused elderly person or properly appointed fiduciary for the provision of one or more Protective Services, the Protective Services Caseworker shall:

- (1) Provide or arrange for the provision of one or more services in accordance with the service plan, the financial eligibility of the elderly person for services funded through agencies other than the Department, and the availability of resources.
- (2) Document the utilization of Protective Services by the eligible elderly person, as well as the unavailability of certain services or her/his inability to obtain certain services.
- (3) Document the accomplishment of activities taken to alleviate or eliminate the abuse of the elderly person.

5.21: Actions When Consent Not Available

- (1) If a Protective Services Caseworker has reasonable cause to believe that a reportable condition exists and the abused elderly person refuses to consent or withdraws consent, no Protective Services shall be provided or continued except as provided in 651 CMR 5.22 through 5.24.
- (2) Upon a refusal to consent, or withdrawal of consent to Protective Services by an abused elderly person who has the capacity to consent; or upon the decision of the Court not to appoint a fiduciary of an abused elderly person under M.G.L. c. 19A, s. 20(a) or to issue an order for Protective Services, the Protective Services Caseworker shall do the following:
 - (a) Notify the elderly person of the availability of Protective Services should she/he decide to consent to services at a future time;
 - (b) Offer to the elderly person continuing Protective Services Casework;
 - (c) Advise the elderly person of the availability of home care and other social services in her/his area;
 - (d) Advise the elderly person of the availability of free legal services in her/his area;
 - (e) Explain the availability of M.G.L. c. 209A and other appropriate legislation to protect her/him from further abuse in family and household abuse situations.

5.22: Actions If Client Lacks the Capacity to Consent/Emergency Report

- (1) The Protective Services Agency or the Department may petition the Court for an Emergency order of Protective Services under M.G.L. c. 19A, s. 20(b) specifying those services necessary to remove the condition creating the emergency if, as the result of an assessment and evaluation of an emergency report and the development of a written service plan, the Protective Services Agency or the Department has reasonable cause to believe:
 - (a) That a reportable condition exists;
 - (b) That an emergency exists, i.e., the elderly person is living in conditions which present a substantial risk of death or immediate and serious physical or mental harm;
 - (c) That the elderly person is in need of one or more Protective Services to remove the conditions creating the emergency;
 - (d) That an attempt has been made to obtain written consent for the provision of one or more Protective Services and the elderly person has not so consented; and
 - (e) That the elderly person has not consented because she/he lacks the capacity to consent to the provision of one or more Protective Services needed to remove the conditions creating the emergency.
- (2) A member of the immediate family, or caretaker of the elderly person may also petition to the Court for such an order if they have reasonable cause to believe that the conditions set forth in 651 CMR 5.22(1)(a) through (e) exist. A member of the immediate family or caretaker is encouraged to report the alleged abuse to the Department, the Department's twenty-four (24) hour per day designee, or Protective Services Agency and seek an emergency assessment and evaluation of the situation and condition of the elderly person prior to filing a petition with the Court for an emergency order for Protective Services under M.G.L. c. 19A, s. 20(b).
- (3) The petition for an Emergency order for Protective Services under M.G.L. c. 19A, s. 20(b) shall set forth the facts and attesting documentation required by the Court and be in accordance with procedures developed by the Court.
- (4) If the Elderly Person who is the subject of the petition is indigent, lacks the capacity to retain counsel or waive the right to counsel, the Court shall appoint counsel and/or a guardian ad litem to represent the interest of such Elderly Person at the hearing of such emergency order.
- (5) If, after a hearing the Court determines, based on the preponderance of the evidence, that the Elderly Person has been or is being abused, that an emergency exists, and that the Elderly Person lacks the capacity to consent to the provision of services, the Court may order the provision of Protective Services on an emergency basis.

5.22: continued

(6) The Court shall order only those services necessary to remove the conditions creating the emergency and shall specifically designate the authorized services in its order.

(7) The order for emergency Protective Services shall remain in effect for a period not to exceed fourteen (14) days. Said order may be extended for an additional period not to exceed fourteen (14) days if the Court finds that the extension is necessary to remove the emergency.

5.23: Actions If Client Lacks the Capacity to Consent/Non-Emergency Report

(1) The Protective Services Agency or the Department may petition the Court for the appointment of a fiduciary for purposes of consent to Protective Services under M.G.L. c. 19A, s. 20(a) and/or for an order of Protective Services under M.G.L. c. 19A, s. 20(a) if, as the result of an assessment and evaluation of a non-Emergency report and the development of a written service plan, the Protective Services Agency or the Department has reasonable cause to believe:

- (a) That a reportable condition exists;
- (b) That the elderly person is in need of one or more Protective Services;
- (c) That an attempt has been made to obtain written consent to the provision of one or more Protective Services and the elderly person has not so consented;
- (d) That either the elderly person has not consented because she/he lacks the capacity to consent to the provision of one or more Protective Services; or
- (e) No legally authorized other person is available or willing to consent to the provision of one or more Protective Services.

NON-TEXT PAGE

5.23: continued

- (2) The petition for appointment of a fiduciary and/or order for Protective Services shall set forth the facts and attesting documentation required by the Court and be in accordance with procedures developed by the Court. Such petition will seek the appointment of the least restrictive form of fiduciary representation that will satisfy the needs of such elderly person.
- (3) The elderly person who is the subject of the petition shall have the right to be present, be represented by Counsel, present evidence and examine and cross-examine witnesses.
- (4) If the Court determines that the Elderly Person lacks the capacity to retain counsel or waive the right to counsel, the Court shall appoint a guardian ad litem to represent the interests of such Elderly Person.
- (5) If, after a hearing the Court determines, based on the preponderance of the evidence, that such Elderly Person has been abused, is in need of Protective Services and lacks the capacity to consent and no other person who is authorized to consent is available or willing to consent, the Court may appoint a Conservator, Guardian, or other person authorized to consent to the provision of Protective Services; provided however, that the Court shall establish the least restrictive form of fiduciary representation that will satisfy the needs of such elderly person.
- (6) An order for Protective Services for an Elderly Person pursuant to M.G.L. c. 19A, s. 20(a) shall remain in effect for a period of six (6) months, unless otherwise stipulated in such order. The Court may, for good cause shown, extend an order for Protective Services. Such extension shall remain in effect for a period of six (6) months, unless otherwise stipulated in such order. The Eligible Elderly Person, the Department, or the Protective Services Agency may, for good cause shown, and at any time, petition the Court to vacate any order of the Court pursuant to M.G.L. c. 19A, s. 20(a).

5.24: Provisions Applicable to Petitions to the Court Under M.G.L. c. 19A, ss. 20(a) or 20(b)

- (1) Petitions to the Court for the appointment of a Guardian, Conservator, other fiduciary, or order for Protective Services pursuant to M.G.L. c. 19A, ss. 20(a) and/or 20(b) may, if required by the Court and subject to appropriation be accompanied by an evaluation as set forth in 651 CMR 5.04(1)(k). This report may consist of the following:
 - (a) The name and address of the place where the elderly person is residing and of the person or agency, if any, who is providing services at present;
 - (b) A description of the treatment and services, if any, presently being provided to the elderly person;
 - (c) A statement that an appropriately licensed medical, psychological, and/or social work professional has examined said elderly person;
 - (d) An evaluation of the elderly person's present physical, mental and social condition;
 - (e) An opinion of whether, based on the evaluation of the elderly person's present physical, mental and social condition, she/he lacks the capacity to consent to the provision of Protective Services;
 - (f) A recommendation concerning the least restrictive course of services, care or treatment consistent with the person's needs.
- (2) Such elderly person shall have the right, at her/his own expense, to secure an independent medical and psychological or psychiatric examination relevant to the issue involved in any hearing under M.G.L. c. 19A, ss. 20(a) or 20(b) and to present a report of his independent evaluation or the evaluator's personal testimony as evidence at the hearing.
- (3) A fiduciary appointed pursuant to M.G.L. c. 19A, s. 20(a), or individual or organization to whom an emergency order for Protective Services under M.G.L. c. 19A, s. 20(b) is directed shall cause a copy of their appointment by the Court, and the emergency order, or other order of Protective Services to be placed in the Protective Services case file of the Eligible Elderly Person as soon as possible after said appointment and order are granted.

5.24: continued

- (4) The Protective Services Caseworker shall develop and implement a service plan for the provision of one or more Protective Services in accordance with the emergency order as soon as possible after M.G.L. c. 19A. ss. 20(a) or 20(b) orders are granted.
- (5) Where funds are not available through appropriation from the Department to directly provide one or more Protective Services under M.G.L. c. 19A. ss. 20(a) and 20(b), the Protective Services Agency shall coordinate with and utilize existing social, health, mental health, legal and other resources to provide services under a service plan.
- (6) The Protective Services Agency shall insure that the services of such persons already familiar with the elderly person shall be obtained for this purpose whenever possible.

5.25: Follow-Up and Reassessment of Protective Services Plan

- (1) After the initiation of one or more Protective Services, the Protective Services Caseworker shall maintain periodic contact with the eligible elderly person to:
 - (a) Assess whether the services provided to the eligible elderly person are meeting her/his needs;
 - (b) Ascertain if the services are being provided in a manner acceptable to the eligible elderly person; and,
 - (c) Determine and make necessary changes in the level, amount, and/or type of services deemed appropriate by the Protective Services Caseworker which has not already been set forth in the initial service plan.
- (2) After the commencement of Protective Services, reassessment of an eligible elderly person's need for services shall be accomplished at least once during the first month of service. After the initial month, each eligible elderly person's need for services shall be reassessed at least every two (2) months thereafter until such service(s) are no longer required. Any changes in the service pattern, including an increase, reduction, termination, or suspension of service other than those set forth in the initial plan, made as a result of those periodic reviews, shall be reflected in the service plan.
- (3) Service Authorization. The Protective Services Agency, subject to appropriation and the availability of funding through the Department, shall issue a written service authorization to a vendor in order to initiate services to a client or to make changes in the level, amount, and/or type of services to the eligible elderly person. Such authorization to the vendor may be in effect for six (6) months. The service level and the type shall be reassessed at least every two (2) months and the authorized service shall be changed as necessary. If the circumstances of the client, as determined through the Comprehensive Needs Assessment Procedure (CNAP), are such that a six (6) month authorization is not necessary, the Protective Services Agency may restrict authorization to the vendor for a shorter period of time. For Protective Services not funded through the Department, the Protective Services Caseworker shall seek service authorization through the appropriate agency or organization in accordance with their procedures.

5.26: Providing Documentation of Casework and Services

Written documentation describing the Protective Services Caseworker's actions, contacts, and findings shall be maintained in the protective service file. These should be kept current to within five (5) business days of contacts or actions. Documentation shall include, but not be limited to:

- (1) Intake information regarding reports and collateral contacts;
- (2) Assessment information describing causes, incidences, nature, and extent of abuse;

5.26: continued

- (3) Functional evaluation information describing social, physical, and mental status of the eligible elderly person;
- (4) Descriptions of actions taken by the caseworker and/or others to alleviate or eliminate Abuse, including contacts with the eligible elderly person and others;
- (5) Description of activities of other persons and agencies providing services or assistance to the eligible elderly person;
- (6) Identification of sources of information concerning the eligible elderly person's social, physical and/or mental situation and other pertinent matters;
- (7) Supporting documentation such as reports, evaluations, and investigations obtained from casemanagers, nurses, doctors, lawyers, psychotherapists, police officers, coroners, and other professionals;
- (8) Service plan and consent for services describing services recommended, provided or arranged.

5.27: Reporting to District Attorneys and Time Frames for Reporting

- (1) If the Department or its designated agency has reasonable cause to believe that an Elderly Person has died as a result of abuse, the death shall be reported immediately to the District Attorney of the County in which the abuse occurred. Written notification shall be forwarded to the District Attorney as soon as possible.
- (2) If an assessment results in a determination that the Elderly Person has suffered Serious Abuse, the Department or designated agency shall report such determination to the District Attorney of the County where the abuse occurred within forty-eight (48) hours. A written report shall be forwarded to the District Attorney as soon as possible. The District Attorney may investigate and decide whether to initiate criminal proceedings.
- (3) If an assessment results in a determination that the Elderly Person has suffered the threat of Serious Abuse and the Agency has reasonable Cause to Believe that the perpetrator may have the intent and capacity to carry out the threatened Serious Abuse, the Department or Protective Services Agency may, in its discretion, report such determination to the District Attorney of the County where the threatened abuse may occur as soon as possible following such determination.
- (4) Release of Full Report/Personal Data. Neither the provisions of M.G.L. c. 66A regarding the confidential holding of personal data by the Department or Protective Services Agencies, M.G.L. c. 112, s. 135 regarding social worker/client privilege nor the privacy and confidentiality requirements of M.G.L. c. 19A, s. 23 shall prohibit the Department, or a Protective Services Agency, by its appropriate staff, from making full reports to the District Attorney regarding information obtained by it from the report of abuse or during the assessment, evaluation, or service provision stages of a Protective Services case involving the Serious Abuse or threat of Serious Abuse of an Elderly Person or the death of an Elderly Person resulting from abuse. The identity of the reporter of abuse shall be included in this report. Further personal data of data subjects including, but not limited to, the case file shall be released to the District Attorney upon request.
- (5) The Department or the Protective Services Agency shall after the filing of such report, attempt to schedule a meeting with the District Attorney's Office in order to discuss any future action to be taken in the case.
- (6) Response to Requests for and/or Production of Documents in Criminal Cases. Any party to a criminal action who seeks testimony and/or production of documents other than those documents previously released by the Department or a Protective Services Agency to the District Attorney pursuant to 651 CMR 5.27(4) shall do so by subpoena. Upon receipt of the subpoena, and prior to the date set therein for appearance or production of documents in Court, the employee of the Department or Protective Services Agency subject to such

5.27: continued

subpoena shall consult with his or her supervisor and legal counsel. The Department or Protective Services Agency may, in its discretion, move to quash such subpoena, in whole or in part if, in its opinion the testimony and/or production of documents would not be in the best interests of the Elder. If such testimony and/or production of documents is provided, it shall not include the identity of the reporter of Abuse under M.G.L. c. 19A, s. 15. This subsection shall apply to cases in which the above mentioned testimony and/or production of documents has been sought as a result of a report to the District Attorney pursuant to M.G.L. c. 19A, ss. 15(b) or 18(a) or in other criminal cases.

5.28: Financial and Administrative Responsibilities of Protective Services Agencies Under the Protective Services Program

The Protective Services Agency shall establish financial systems and procedures which comply with the provisions contained in Title 45 Code of Federal Regulations Part 74 (Administration of Grants), Subpart H (Standards for Grantee and Sub-Grantee Financial Management Systems) as well as requirements developed by the Department.

5.29: Privacy and Confidentiality Requirements

(1) Generally. All records containing Personal Data concerning elderly persons for whom a report of alleged Abuse has been made under M.G.L. c. 19A, s. 15 to the Department, the Department's twenty-four (24) hour per day designee(s). Protective Services Agencies or other agencies holding Personal Data shall be governed by M.G.L. c. 66A, the Privacy and Confidentiality Regulations of the Department. 651 CMR 2.00 et seq. and 651 CMR 5.00 shall apply to the Department, the Department's twenty-four (24) hour per day designee(s), and Protective Services Agencies as Holder(s) of Personal Data.

(2) Agreement With Holder of Personal Data. The Department shall enter into an agreement with its twenty-four (24) hour per day designee(s) and each Protective Services Agency whereby each Protective Services Agency and designee(s) agrees to act as a holder of personal data and comply with the aforementioned regulations regarding the holding of personal data as a result of performing a governmental or public function or purpose.

(3) Separate Personal Data System. Each holder of personal data under the Protective Services Program shall establish a separate Personal Data System for the implementation of its Protective Services Program in compliance with the aforementioned law and regulations regarding personal data.

(4A) Access to Personal Data by Third Parties. Each holder maintaining personal data shall not allow any agency or individual other than the employees of the Department or other holder agency under the Protective Services Program to gain access to personal data unless such access is authorized by statute or regulations, or is authorized by the Data Subject whose personal data is sought with the following exception:

Medical or psychiatric data may be made available to a physician treating a data subject upon the request of said physician, if a medical or psychiatric emergency arises which precludes the data subject's giving approval for the release of such data, but the data subject shall be given notice of such access upon termination of the emergency.

(4B) Reports to District Attorneys/Criminal Matters

(a) Any documents provided to a District Attorney in accordance with this chapter of these regulations, which are thereafter subpoenaed from the District Attorney or otherwise requested from the District Attorney by any party to any pending criminal matter, shall be released or not released by the District Attorney solely in accordance with the applicable rules or procedures governing the District Attorney, and no notice to or consent from the Department or Protective Services Agency shall be required. The District Attorney shall make his/her best efforts to preserve the confidentiality of personal data held in such case files in accordance with M.G.L. c. 66A, the Fair Information Practices Act (FIPA), especially regarding the confidentiality of the identity of the reporter of abuse.

5.29: continued

(b) Any documents from the Department or Protective Services Agency files which are subpoenaed directly from the Department or a Protective Services Agency by any party to a criminal matter to which the Department or Protective Services Agency is not a party, shall be brought by the Department or Protective Services Agency before the trial court, at which time the Department or Protective Services Agency:

1. shall make the judge aware of the provisions of M.G.L. c. 19A, s. 23, c. 66A, s. 2, and M.G.L. c. 112, s. 135;
2. may, pursuant to 651 CMR 5.27(6), move to quash such subpoena in whole or in part if, in its opinion, the production of documents in the file would not be in the best interests of the abused elder.
3. shall seek a specific order from the judge as to the extent and manner of release by the Department or Protective Services Agency.

(5) Access to Personal Data by Data Subject. The Department, any Protective Services Agency, or any other agency obligated to make an assessment under the Protective Services Program shall inform an individual in writing, upon her/his request, whether she/he is a data subject with respect to records created or maintained under the Protective Services Program, and if so, the Department or the Protective Services Agency shall make such data fully available to her/his authorized representative upon her/his request in a form comprehensible to her/him with the following exceptions:

- (a) A Holder may withhold from a data subject information which is currently the subject of an investigation if disclosure would prejudice the possibility of effective law enforcement and not be in the public interest. Information may be withheld for the time it takes for the Holder to complete its investigation and commence an administrative or judicial proceeding, or one (1) year, whichever comes first.
- (b) In making a disclosure, the holder may remove personal identifiers relating to a third person, except where such third person is an officer or employee of government or agency holder of personal data under the Protective Services Program.

(6) Approval by Data Subject. The approval of the data subject which is required prior to granting access to records herein may be granted in writing or orally, including by telephone; however, the Department shall make reasonable efforts to verify the data subject's identity; and shall, if no written consent is given, file a record of any oral approval together with the personal data held.

(7A) Penalties for Violating Confidentiality Regulations. Any agent or employee of the Department, a Protective Services Agency, or any other holder agency obligated to make an assessment under the Protective Services Program who violates the confidentiality regulations set forth herein shall be subject to the following penalties, pursuant to M.G.L. c. 19A, s. 23(d):

- (a) A fine of not more than five hundred (\$500) dollars;
- (b) A fine of not more than one thousand (\$1,000) dollars if harm shall have resulted to anyone whose privacy was sought to be protected by the provision violated;
- (c) If such agency or employee is employed by the Commonwealth, he shall also be subject to reprimand, suspension, dismissal, or other disciplinary action pursuant to the enforcement sanctions set forth in the Department's Privacy and Confidentiality Regulations, 651 CMR 2.05.

(7B) Defense to Civil or Criminal Action. No person providing notification or information to a District Attorney or testimony in court pursuant to M.G.L. c. 19A, s. 23 shall be liable in any civil or criminal act by reason of such action.

(7C) Testimony Involving Release of Personal Data Allowed in Certain Matters. No provision of M.G.L. c. 66A regarding the confidential holding of personal data by the Department or Protective Services Agencies, or any other provision of law relating to confidential data or confidential communications shall prohibit the Department, by its appropriate employees, or any Protective Services Agency, by its appropriate employees from testifying in any of the following types of judicial proceedings involving the client where the employee has acquired the information which is the subject of his testimony while conducting an assessment or providing Protective Services in accordance with M.G.L. c. 19A, s. 18:

5.29: continued

- (a) A petition for A Protective Order through the Court, or for the appointment of a Guardian or Conservator under M.G.L. c. 19A, s. 20(a);
- (b) A petition seeking An Order for Emergency Protective Services under M.G.L. c. 19A, s. 20(b);
- (c) A petition seeking the appointment, discharge, or other order regarding a Guardian, Conservator, or guardian ad litem under M.G.L. c. 201;
- (d) A complaint requesting protection from abuse filed under M.G.L. c. 209A, s. 3, or any subsequent Court hearing involving such complaint.

Any party other than the Department, to a legal action set forth in 651 CMR 5.29 (7C) (a), (b), (c), or (d) above who seeks testimony and/or the production of documents from the Department or any Protective Services Agency in accordance with this section shall do so by subpoena. The Department, or the Protective Services Agency may, in its discretion, move to quash such subpoena seeking such testimony or the release of such documents if, in its opinion such testimony or production of documents would be contrary to the best interests of the abused Elder(s) in question. If such testimony, and/or production of documents is provided, it shall not include the identity of the reporter of Abuse under M.G.L. c. 19A, s 15.

5.29: continued

(7D) Testimony or Release of Personal Data In Other Civil Matters.

Whenever any Department or Protective Services Agency documents including that in the form of testimony are sought by compulsory legal process in any civil process other than those set forth in 651 CMR 5.29(7C), the Department or Protective Services employee shall consult with his or her supervisor and legal counsel as soon as possible following receipt of such subpoena or other compulsory process. The Department or Protective Services Agency shall not release such documents until the Department or Protective Services Agency has notified each data subject identified in the documents so that (s)he may take responsive action if so desired. Such efforts at notification may be oral or written, including oral notice by telephone. Such efforts at notification shall be documented. The Department or Protective Services Agency may, in its discretion, move to quash such subpoena, in whole or in part if, in its opinion the testimony and/or production of documents would not be in the best interests of the Elder. If such testimony and/or production of documents is provided, it shall not include the identity of the reporter of Abuse under M.G.L. c. 19A, s. 15.

(8) Access to Confidential Records During Court Proceedings.

(a) In all proceedings brought under M.G.L. c. 19A, ss. 20(a) and 20(b) or M.G.L. c. 201 in which the Department or Protective Services Agency is a party, a copy of the entire Protective Services case file, including the pertinent M.G.L. c. 19A, ss. 15(a), 15(b) or 15(c) reports, and M.G.L. c. 19A, s. 18(a) assessment and evaluation shall be made available, upon written request, to any of the following:

1. A Court appointed guardian ad litem;
2. An officer of the Court assigned by the judge;
3. An attorney for the petitioner seeking appointment as a Protector or other fiduciary under M.G.L. c. 19A, s. 20(a) or for a M.G.L. c. 19A, s. 20(b) order; for guardianship or conservatorship of the abused elderly person; an attorney for the Department, Protective Services Agency, or elderly person.

(b) The written request shall contain a statement from the requesting party that any material disclosed shall not be further duplicated nor divulged to any person not a party to the particular proceeding, unless by order of the Court. Reasonable fees for copying records shall be charged.

(c) Whenever the Department or a Protective Services Agency has reason to believe that disclosure to any individual named above or a portion of the Protective Services case file would be contrary to the elderly person's best interest, the Department or Protective Services Agency shall bring to the Court's attention the reason(s) for denying access.

(9) Expungement of Reports and Evaluations. The Department, Protective Services Agency, and any other agency holding personal data obligated to make an assessment under the Protective Services Program shall expunge all personal data within its control regarding a data subject where a report of alleged abuse cannot be substantiated. The holder shall, within three (3) months of such determination:

- (a) Destroy said report and any other records containing personal data created because of the receipt of said report; or
- (b) Physically remove therefrom all personal identifiers; provided however, that the agency holding personal data obligated to make assessment may create and hold whatever statistical records it needs for purposes of planning and reporting.

5.30: Non-Discrimination in Service Delivery

Neither the Protective Services Agency nor its subcontractors or subgrantees shall deny services to or otherwise discriminate in the delivery of services to any person who otherwise meets the eligibility criteria for the Protective Services Program, on the basis of race, color, religion, sex, age, national origin, ancestry, physical or mental handicap or because such a person is a recipient of federal, state, or local public assistance or housing subsidies. A Protective Services Agency shall comply with all applicable provisions of:

- (1) Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d et seq.); and
- (2) Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 794) and the regulations promulgated thereunder, (45 CFR 85); and
- (3) M.G.L. c. 151B, s. 4(10)

5.31: Non-Discrimination in Employment

Neither the Protective Services Agency nor its subcontractors or subgrantees shall discriminate against any qualified employee or applicant for employment because of race, color, national origin, ancestry, age, sex, religion or physical or mental handicap. They shall comply with all applicable provisions of:

- (1) Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000e et seq.); and
- (2) M.G.L. c. 151B, s. 4(1); and
- (3) Department of Elder Affairs, 651 CMR 8.00 – Discrimination Based on Age in Agencies and Organization in Receipt of Funds from the Department of Elder Affairs; and
- (4) Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 794) and the regulations promulgated pursuant thereto (45 CFR 85).

5.32: Protection of Clients

The Protective Services Agency and its subcontractors and subgrantees shall comply with the applicable provisions of the Department of Elder Affairs' Regulations Governing the Protection of Clients Who are Participants in Research Projects (651 CMR 7.00).

5.33: Affirmative Action

The Protective Services Agency shall have in effect, maintain and adhere to a current Affirmative Action Plan which fulfills the applicable requirements of the Governor's Executive Order.

5.34: Waivers

(1) Waiver-Request by Secretary. The Secretary of the Department may, in his discretion, waive one or more of the requirements of 651 CMR 5.00 if necessary to preserve the public health, safety or welfare, and if such a waiver would not violate any applicable federal or state law or regulation. Such a waiver shall clearly identify that section of the Protective Services Program regulations to be waived; the conditions that have made such a waiver necessary; the steps that have been taken to insure that future waivers will not be necessary; the consequences to the Protective Services Program or Eligible Elderly Persons of not granting the waiver request.

(2) Other Waivers. All other requests for waivers shall be made in writing to the Secretary by the President of the Board of Directors or Chief Executive Officer of the organization making such a request and shall set forth the information required in the second sentence of 651 CMR 5.34(1).

5.35: Annual Report

The Department shall report annually on its activities and the activities of designated agencies providing Protective Services to eligible elderly persons under the Protective Services Program. Such report shall be submitted to the Governor, the General Court and the public no later than one hundred and twenty (120) days following the end of each fiscal year. The contents of such report shall include, but not be limited to:

- (1) Statistical information about the number and types of reports received during the prior fiscal year;
- (2) Aggregate information indicating the results of the assessments and evaluations conducted by Protective Service Agencies;
- (3) Information on the types and costs of services provided under the authority of 651 CMR 5.00 during the prior fiscal year.

REGULATORY AUTHORITY

651 CMR 5.00: M.G.L. c. 19A, ss. 6, 16(d), 16(e), 18(a), 22 and 25.

NON-TEXT PAGE



The Commonwealth of Massachusetts
Executive Office of Elder Affairs
38 Chauncy Street, Boston, Mass. 02111

MICHAEL S. DUKAKIS
 GOVERNOR

PAUL J. LANZIKOS
 SECRETARY

PROGRAM INSTRUCTION

EOEA-PI-89- 36

TO: Designated Protective Service Agencies
 Home Care Corporations

FR: Paul J. Lanzikos *Paul J. Lanzikos*

RE: Standards of Practice - Protective Intake

DT: July 28, 1989

Attached are the Standards of Practice for the Intake process regarding reports of abuse or neglect of an elder. In an effort to provide written guidelines for protective service agencies as soon as possible, Elder Affairs will distribute the standards for each part of the protective casework process as they are developed. Program audits will be based on compliance with these and subsequent standards and indicators.

Elder Affairs would like to acknowledge the time and effort of the protective service caseworkers and supervisors who participated on the Standards of Practice Task Force. The experience and input of these representatives was essential in formulating a document that we feel is appropriate and applicable to the daily operations of a protective service agency.

Any questions on this PI and/or Standards should be directed to your Regional Supervisor.

PJL:MLN/cb

Commonwealth of Massachusetts
EXECUTIVE OFFICE OF ELDER AFFAIRS

ELDER PROTECTIVE SERVICES PROGRAM

STANDARDS OF PRACTICE

EXECUTIVE OFFICE OF ELDER AFFAIRS
Elder Protective Services Program

Standards of Practice - Intake

Standard I: The designated agency has the capacity to receive reports of abuse or neglect of an elder.

Indicator 1: The agency has a written procedure which identifies who will accept reports of abuse/neglect.

Indicator 2: The designated agency has the capacity to receive reports 24-hours-a-day, including a well-publicized telephone number to facilitate access by reporters.

Indicator 3: The Intake Worker uses the Standard Intake Form to document all reports of abuse or neglect.

Indicator 4: When a staff person (other than those identified) receives a call or information from a reporter, s/he will obtain, at least, the name and address of the elder, the nature of the reported condition and the name and telephone number of the reporter. Efforts should be made to obtain and document all information on the standard Elder Affairs Intake Form.

Indicator 5: When a report is made to a designated agency (other than the one for the area in which the elder lives), the agency shall 1) obtain the name and address of the elder, the nature of the reported condition and any additional information needed to determine if any emergency exists, 2) obtain the name and telephone number of the reporter, (3) give the caller/reporter the name, address and telephone number of the designated agency which covers the stated community, (4) transmit the obtained information to the appropriate agency no later than the next business day, and (5) in the case of an emergency (when the appropriate agency cannot be reached), call the Hotline to transmit the report to the appropriate agency.

Indicator 6: All staff of a designated agency receive training and are familiar with the reporting procedures for abuse and neglect.

Indicator 7: All staff of a designated agency communicate with sensitivity and appreciation for the difficult nature of initiating a report of elder abuse or neglect.

Standards of Practice - Intake

Standard II: In any report of suspected or actual abuse or neglect of an elder, the Intake Worker obtains the information necessary to document a reportable condition.

Indicator 1: The Intake Worker attempts to obtain the following information on the standard EOEA reporting form:

- a) the date and time of the report (in the case of a Hotline report, the date and time of receipt by the Hotline and designated agency shall be included)
- b) the Intake Worker and Agency name
- c) the elder's:
 - 1) name
 - 2) address (permanent and temporary if appropriate)
 - 3) telephone number
 - 4) date of birth or age
 - 5) sex
 - 6) preferred language
 - 7) ethnicity
- d) the name, address, telephone number and relationship of the elder's caregiver(s) or relatives - if known
- e) the present whereabouts of the person abusing the elder and/or caregivers
- f) the nature and extent of abuse or neglect
- g) duration of abuse and/or neglect
- h) frequency of abuse and changes over time in frequency of abuse
- i) severity of abuse and/or neglect and changes in severity over time
- j) any indication of prior injuries, abuse or neglect and the date(s) of incident(s)
- k) the risk of further harm to the elder and if it exists, whether it is imminent
- l) the risk of harm to other elders, if any in the home
- m) the risk of harm to the Caseworker entering the home to complete the Assessment, if known
- n) any medical treatment provided or required as a result of the abuse or neglect
- o) any action/intervention provided or required immediately to ensure the elder's safety

Standards of Practice - Intake

- p) the identity of the person providing such information, if other than the reporter
- q) the name, address and telephone number of the reporter, their occupation and relationship to the elder
- r) the circumstances under which the reporter first became aware of the abuse or neglect
- s) a determination of whether the reporter is a Mandated Reporter
- t) a determination of whether the elder is aware of the report
- u) name(s), agency, address, telephone number and relationship of other persons knowledgeable about the elder, person(s) abusing the elder and/or caregivers
- v) any other information that the reporter believes to be relevant to the investigation.

Indicator 2: If the Intake Worker is unable to obtain all of the above information at the time of the report, the Intake Worker will obtain at least the name and address of the elder, the nature of the reported condition of abuse or neglect and the name and number of the reporter.

Standards of Practice - Intake

Standard III: **The Intake Worker informs each reporter of any requirements or agency policies which apply to that reporter.**

Indicator 1: If the reporter is a mandated reporter (as defined in 651 CMR 5.02), then the Intake Worker informs the reporter that s/he is required to submit a written, signed report within forty-eight (48) hours of the verbal report to the designated agency.

- * If the written report is not received within five (5) days, the Protective Services Caseworker assigned to the case shall make a telephone inquiry to determine if it has been sent by the reporter and document the call in the file.
- * If the written report is not received within ten (10) days, a written request will be sent to the mandated reporter, a copy of which will be kept in the client's file.

Indicator 2: If a non-mandated reporter makes the report, the Intake Worker encourages him/her to give his/her name, address, telephone number and relationship to elder. The non-mandated reporter is allowed to make an anonymous report if desired.

Indicator 3: The Intake Worker informs the reporter, mandated and non-mandated, that the designated agency will make every effort to maintain the privacy of the reporter's identity, but that the agency may be required to reveal this information under certain legal circumstances.

Indicator 4: The Intake Worker (when indicated) informs reporters of their ability to obtain consultation on a case without making a report if they are not certain that they have a reportable condition and they do not reveal the identity of the elder. Reporters are informed that information discussed in consultation, which indicates a reportable condition, shall constitute a report if personal identifiers are revealed.

Indicator 5: Mandated reporters shall be informed of the Fine for not reporting, and of the civil and criminal protection provided by means of filing a report.

Indicator 6: The Intake Worker informs mandated reporters that they will be notified in writing of the action taken in response to their report within forty-five (45) days.

Standards of Practice - Intake

Standard IV: The designated agency has written procedures for the filing of a report by any Staff person (any employee or volunteer of the Home Care Corporation/designated Protective Services Agency) who has reasonable cause to believe that abuse or neglect exists.

Indicator 1: The designated agency has a system for providing consultation to Staff on possible reportable conditions.

Indicator 2: The designated agency has informed all Staff of the in-house procedures for making a report, including supervisory input if required. The procedure states that no Staff person shall be prohibited from making a report when s/he has reasonable cause to believe that a reportable condition exists.

Indicator 3: All Staff are informed that information discussed in consultation, which indicates a reportable condition, shall constitute a report if personal identifiers are revealed. If no personal identifiers are revealed, the Staff person shall exercise his/her professional judgment in determining whether or not to make a report.

Indicator 4: The designated agency has a system for resolving disagreements over the existence of a reportable condition which arise during consultation.

Indicator 5: The Staff person shall verbally transmit the report to another staff person who will function as the Intake Worker.

Indicator 6: The designated agency provides, on an on-going basis, training on the definitions and indicators of abuse and neglect.

Indicator 7: The designated agency informs the Staff Person that s/he must submit a written report within forty-eight (48) hours on the Standard, Mandated Reporter Form.

Indicator 8: The designated agency informs the Staff Person that they will be notified of the action taken within forty-five (45) days on the Standard Follow-up to Mandated Reporter Form.

Standards of Practice - Intake

Standard V: The designated agency screens the report to determine if there is reasonable cause to believe that a reportable condition may exist.

Indicator 1: The designated agency has a procedure which ensures that the report is submitted to the Protective Services Supervisor or their designated back-up Supervisor for the purpose of making screening and case assignment decisions.

Indicator 2: The Protective Services Supervisor or designated back-up Supervisor shall decide whether collateral contacts are needed to:

- a) clarify/verify demographic information
- b) clarify the reported conditions
- c) determine whether the elder is at risk of death or immediate and serious harm

Indicator 3: Collateral contacts for the purpose of making a screening decision shall generally be limited to professionals who can provide the above information. Such contacts shall be documented under Intake notes.

Indicator 4: The Protective Services Supervisor or designated back-up Supervisor shall document the following:

- a) the screening decision and rationale (emergency, non- emergency, screened out)
- b) the type of abuse (if screened in)
- c) the Caseworker assigned to complete the assessment
- d) case status, including whether the report is an open P.S. case, closed case, or is a duplicate report on the same incident or condition
- e) discussion with a Mandated Reporter concerning a decision to screen out

Indicator 5: The Protective Services Supervisor or designated back-up Supervisor shall initial or sign the screening decision and related entries. Screening decisions are made based on the information available at the time and cannot be changed.

Indicator 6: The Protective Services Supervisor or designated back-up Supervisor shall make a screening decision within forty-eight (48) hours from the time of intake and mail a copy of the completed intake to the appropriate Regional Supervisor.

Indicator 7: The designated agency has a written procedure which ensures that screened-out intakes are expunged within three (3) months.

Standards of Practice - Intake

Standard VI: The designated agency has a system for tracking reports of abuse or neglect.

Indicator 1: The designated agency assigns a permanent client number to each Report at the time of the intake. A separate Intake shall be completed for each elder for whom a report of abuse or neglect is made.

Indicator 2: The designated agency collects and maintains all information necessary to complete monthly Elder Affairs statistics.



The Commonwealth of Massachusetts
 Executive Office of Elder Affairs
 38 Chauncy Street, Boston, Mass. 02111

MICHAEL S. DUKAKIS
 GOVERNOR

PAUL J. LANZIKOS
 SECRETARY

PROGRAM INSTRUCTION

EOEA-PI-89- 62
 Reference PI-89-36

TO: Designated Protective Services Agencies
 Elder Abuse Hotline

FR: Paul J. Lanzikos *Paul Lanzikos*

DT: September 29, 1989

RE: Revised Elder Abuse Intake Form

The Elder Protective Services Program has drafted a revised Elder Abuse Intake Form with the assistance of a statewide Data Collection Task Force, comprised of Protective Services Caseworkers and Supervisors.

The purpose of the revised Intake Form is to improve intake information gathering necessary for the determination of the need for response, in accord with Protective Services Intake Standards of Practice (PI-89-36). The revised Intake Form will also allow Elder Affairs to collect and computerize data necessary for program management and reporting to the legislature.

The Protective Services Program is aware of the need to reduce paperwork to allow for increased direct service time. It is our expectation that once form revisions have been completed and staff have become familiar with these changes, that the time required by PS staff for recording and data collection will be reduced while the quality of information gathered will be improved. The Intake Form is the first of three (3) forms to be revised or developed. It is our intention that these revisions will result in the eventual elimination of the current Statistics Form. Improved information gathering will further assist PS Supervisors in screening out inappropriate reports and determining the need for emergency or non-emergency Assessments.

The issuance of the revised Intake Form will begin a six (6) month statewide field test. Following March 31, 1990, should revisions be needed, a final Intake Form will be developed and issued. Your comments and suggestions should be directed to Craig Fox, Western Regional Supervisor, EOEA, 100 North Street, Room 417, Pittsfield, MA 01201. Tel: (413) 499-4160.

Questions about the completion of the Intake Form should be directed to your Regional Supervisor or Donna Reulbach.

To obtain additional copies of this form, written requests should be submitted to Michael DiGregorio.

PJL:CRF/cb

INSTRUCTIONS FOR COMPLETING THE ELDER ABUSE INTAKE FORM (DCI 1)

The Elder Abuse Intake shall be completed in accord with PI-89-36. A separate Intake Form shall be completed for each elder alleged to be suffering from abuse or neglect.

The Intake or Hotline Worker shall complete the informational section of the Intake. The screening section shall be completed by the Protective Services Supervisor or designated backup supervisor, prior to mailing the Intake to the Protective Services Regional Supervisor. The Hotline Referral portion of the Casenotes page will be completed by the Elder Abuse Hotline for referrals to the designated Protective Services Agency. The Hotline Referral Form (HRF) will no longer be completed for non-emergency cases.

The entire Intake Form shall be completed prior to sending a copy of the form to your Regional Supervisor.

INTAKE INFORMATION SECTION

CASE NUMBER	This eight (8) digit client number is not effective until further notice by Elder Affairs. Record only the Agency Code in the first two (2) boxes. Protective Services Agency Codes are attached. Write in to the right of the case number line the case number assigned by your agency.
DATE	Enter the month - day - year that the report is called in to the Intake or Hotline Worker. For Reports received from the Elder Abuse Hotline, Designated Protective Services Agencies shall also enter the date that the Hotline received the Report in the Casenotes.
TIME	Enter the time that the report is called in and circle AM or PM. For Reports received from the Elder Abuse Hotline, Protective Services Agencies shall also enter the time the Hotline received the Report in the Casenotes.
CLIENT NAME	Record the full name of the elderly person allegedly suffering from abuse or neglect. If unknown, write in "UNKNOWN."
ADDRESS	Record the permanent address to include Apartment/Street/Box number, Town or City, and State if other than Massachusetts.

TELEPHONE Enter client area code and phone number.

TEMPORARY RESIDENCE/ TELEPHONE Record address and telephone of temporary residence, or the present location/whereabouts of the client, if other than the permanent address.

REPORTER NAME Record the full name of the reporter, or note "UNKNOWN" if the reporter refuses to disclose his/her identity.

AGENCY NAME/ ADDRESS TELEPHONE Record the address and telephone number of the reporter, or in the case of a mandated reporter, record the name of the agency represented, town and agency telephone number.

CLIENT AGE Enter the closest approximation of the client's age in years. Do not record date of birth. If no age is available, write in "UNKNOWN."

SEX Mark box for male or female.

REPORT SOURCE BY AGENCY For those reporters, calling in a professional capacity, mark the box which best describes the agency or business which is represented.

Code #88 "Other", should have the type of agency or company written in.

OCCUPATION/ RELATIONSHIP Indicate the occupation of a mandated reporter by marking a single box, codes 1 through 15.

Indicate the occupation or relationship of a non-mandated reporter to the client by marking a single box, codes 17 through 27. In cases where more than one occupation/ relationship may apply, mark the first box which applies. For example, when reading down the list from code 17, for an adult child (who is also the client's guardian), the code 17 guard/conservator box would be checked, while the code 20 box is left blank. In cases where a family member may be a mandated reporter, record the appropriate familial relationship box, unless the Reporter requests to be listed as a mandated reporter.

Code #99 Other should have the occupation or relationship written in.

DESCRIPTION OF ALLEGED ABUSE/NEGLECT Describe in clear, specific and factual terms allegation(s) of abuse or neglect made by the reporter. Include information about risk the Protective Services Caseworker may face in conducting the Assessment.

The following terms, which are often vague or used as labels, shall not be used in the Description of Alleged Abuse/Neglect: abuse, neglect, abuser, neglector, perpetrator or victim.

Allegations of Physical Abuse should have documented the names of persons involved in the alleged incident(s); who did what to whom (the specifics regarding where elder was hit, what was used, how many times elder was hit, intensity of blows), and where the incident(s) took place; names, addresses and phone numbers of witnesses present; date(s) and times of incidents; precipitating factors, such as alcohol use or situational stresses; injuries caused and medical treatment for past incidents; the most recent incident or reason the reporter is calling at this time. Also include the present whereabouts of persons named.

Allegations of Emotional Abuse should, in addition to those kinds of specifics noted above for physical abuse, also include a description of threats, abusive language and coercion or intimidation of the elder. Whenever possible, allegations of emotional abuse should suggest a relationship between abusive actions, behaviors or language and a resulting effect on the emotional state or functioning of the elder. For example, it is alleged a daughter began screaming at and threatening her elderly mother with nursing home placement six (6) months ago in order to extort money to support a drug habit. If the elder has become sullen, withdrawn and has stopped eating during the last several months, the behavior of the elder suggests the alleged behaviors of the daughter may be adversely affecting the elder's emotional state and physical functioning and so could constitute emotional abuse.

Allegations of Sexual Abuse should include information noted above. All available specific information about the alleged incidents of sexual assault should be recorded. Note if the elder had a medical/ gynecological exam following the alleged sexual assault, the date and time of the exam, name of the examining physician and names of any police or rape crisis professionals involved.

Allegations of Neglect should include a specific, factual description of the alleged current condition of the elder. List names of all known persons providing care without which the elder would suffer serious physical injury. Note what care each person provides or provided, and specifically identify what care is not or is no longer being provided which has or is likely to result in serious physical injury.

Allegations of Death by Abuse or Neglect should include, in addition to information noted above, any statements made by the reporter suggesting that the primary cause of death was related to abuse or neglect. Facts to support or raise questions about this belief should be recorded. Names of persons with additional information may be noted, such as the physician signing the death certificate or police.

Other Allegations may be noted, such as financial exploitation or tenant-landlord conflicts.

**SUMMARY OF
ALLEGATIONS**

Check all boxes that apply. If, for example, emotional abuse and neglect are alleged, check both boxes. If no abuse or neglect is alleged to have occurred, check the Other Allegations box.

**DURATION OF
ABUSE/NEGLECT**

Check the appropriate box indicating how long the abuse and/ or neglect has been occurring. An approximation should be used before checking Unknown.

FREQUENCY OF ABUSE/NEGLECT	Check one box in each column. For example, if physical abuse is occurring weekly and is increasing in frequency (for example, from one time per week to three times per week during the last month), the Weekly and Increasing boxes would both be checked. In a case of neglect, if for example a confused elder is left alone, wanders and becomes lost on the average of one time per month and this has not changed for the last six months, the Monthly and Constant boxes would be checked. For cases involving neglect, the frequency of neglectful actions forms the basis for which boxes are checked. For cases involving both abuse and neglect, the frequency of abuse or neglectful actions is noted for the type of abuse or neglect most likely to lead to the most serious further physical injury. The Episodic box would be checked for isolated or infrequent incidents. An approximation should be used before checking the Unknown boxes.
SEVERITY OF ABUSE/NEGLECT	Check one box in each column based on the facts presented and in the opinion of the reporter. An approximation should be used before checking the Unknown boxes.
SPECIFIC ALLEGATIONS	Check all boxes that apply. Please note that the Specific Allegations section of the Intake is not intended to be used as an interviewing tool, where the Intake Worker asks if each type of abuse is present. Instead, the intent of this section is to identify in summary form, for assessment, those allegations made during the initial information gathering documented in the Description of Alleged Abuse Incidents and/or Condition of Neglect. This is intended to ensure that all types of alleged abuse are investigated, particularly in complex cases involving multiple forms of abuse and neglect.
RISK OF FUTURE ABUSE	Record whether or not further abuse is likely to occur and when, based on the facts presented and the opinion of the reporter.
MEDICAL TREATMENT	Check one box that applies; "Yes," medical treatment is or may be required immediately; "No," treatment does not appear to be needed immediately, or "Unknown." The purpose of this information is to determine the need for an emergency response.
DIAGNOSIS/ TREATMENT NEEDED	Indicate the medical condition or injury needing emergency treatment. In the absence of expert medical judgment, available information given by the reporter shall be noted.

PERSONS PROVIDING CARE	Record the names, ages, addresses and phone numbers of persons, including family, friends, neighbors, hired caretakers and fiduciaries, providing care to the elder without which the elder would be at risk of serious physical injury. The relationship of each person to the elder should also be noted. Information that is unknown may be left blank. If more than four (4) persons provide care, additional names and data may be recorded in the Case Notes section of the Intake. Agency personnel providing care should be noted under "Other" Persons Knowledgeable of the Elder.
OTHER PERSONS NAMED	Record the names, ages, addresses and phone numbers of other persons named in the description of abuse incident. This refers to persons who are not care providers, who have (allegedly) physically, emotionally or sexually abused the elder. If more than two (2) persons were named in the Description of the Alleged Abuse Incidents, additional names and data may be recorded in the Case Notes section of the Intake.
PERSONS AWARE A REPORT HAS BEEN MADE	Check all boxes which apply. If the elder is aware a report has been made, check the Elder box. Check boxes 1 through 6 for persons named above that refer to those persons providing care or are alleged to have been abusive who are aware that a report has been made. If unknown, leave boxes blank.
PREFERRED LANGUAGE	Check one or more boxes indicating the elder's preferred language(s). If the preferred language is other than English, and the elder is <u>able</u> to communicate in English, check both the appropriate language box and the English Spoken boxes. Note other barriers to communication, such as difficulty hearing or a speech impediment caused by stroke.
ACCESS TO ELDER/ RESPONSE	Check all boxes which apply regarding Protective Services Caseworker access to the elder for the completion of the Assessment. Other barriers to the completion of the Assessment which are present should be noted. If the elder is aware a report has been made, note the elder's willingness to accept assistance by checking the appropriate box(es).
RISK TO CASEWORKER	Check all boxes which apply regarding risks the Protective Services Caseworker may face in completing the Assessment, as indicated by the reporter. Additional, specific information should be included in the Description of Alleged Abuse Incidents and/or condition of Neglect.

MENTAL STATUS

Check one box which best describes what is believed to be the elder's current mental status. In the absence of a recent determination of a competency examination, the opinion of the Intake Worker should be based on facts presented by the reporter. The Alert/Oriented box should be checked if the elder is believed to be able to make informed judgments regarding his/her own safety, and has the capacity to consent to, or refuse protective services. If the elder has been observed to be confused and disoriented, raising a concern that s/he may not have the capacity to consent to or refuse assistance, the Confused/Disoriented box should be checked. The Unknown box may be checked if no information about the elder's mental status is available.

OTHER KNOWLEDGEABLE PERSONS

Record the names, addresses or agency names and phone numbers of other persons who may be knowledgeable of the alleged abuse or condition of neglect. For those persons who are not professionals representing an agency, note his/her relationship to the elder.

SCREENING SECTION

SCREENING DECISION

The Protective Services Supervisor shall indicate his/her screening decision by checking one box; Screened In for Assessment, Screened Out or a Multiple Report. Multiple Report refers to (A) a report received during the Assessment, or (B) a report received on an Open case which specifies the same type of abuse or neglect as indicated in the Summary of Allegations Section.

SCREENED IN STATUS

The Emergency or Non-Emergency box shall be checked indicating whether the case is screened in for emergency or non-emergency Assessment.

CASE STATUS

The status of the case shall be indicated by checking one box. In open protective cases when a report is received on the spouse of a client, the report shall be considered a New Referral if the spouse is not and was never a protective services client.

REASON FOR EMERG/NON E STATUS	The rationale for screening an Intake in for emergency or non-emergency Assessment shall be documented. Documentation shall cite specific facts or information gathered to support the screening status decision.
REASON FOR INTAKE SCREENED OUT	The reason for screening an Intake out shall be documented to justify no reasonable cause to believe that a reportable condition exists.

SIGNATURES

INTAKE WORKER AND SCREENER SIGNATURES	The Intake Worker shall print legibly his or her name, sign and date the Intake Form. The Hotline box shall also be checked when the Intake is completed by an Elder Abuse Hotline Worker. The supervisor completing the screening section shall print his or her name, sign and date the form in the space indicated "Screeener".
CASE ASSIGNED TO	The Screener shall record the name of the Protective Services Caseworker, or Protective Services Back-up Caseworker, assigned to complete the Protective Services Assessment.

CASENOTES: HOTLINE REFERRAL SECTION

EMERGENCY/ NON EMERG RESPONSE	The Hotline Caseworker should check the Emergency Response box if an after hours local worker response was made. The Non-Emergency box should be checked for non-emergency Intakes.
RECIPIENT OF REFERRAL	Record the name of the Intake Worker receiving this non-emergency Intake by phone at the designated Protective Services Agency.
DATE	Enter the date the Intake was called in to the Protective Services Agency.
TIME	Enter the time the Intake was called in to the Protective Services Agency.

DATE MAILED Enter the date the Intake Form was mailed to the Protective Services Agency.

REASON FOR NON EMERG STATUS The rationale for determining that a case did not warrant an emergency response shall be documented. Documentation shall cite specific facts or information gathered to support the decision that no emergency response was needed. Cases in which there was an emergency response should have the Reason for Non-Emergency Status left blank.

CASENOTES

Document collateral contacts made, calls or actions taken to handle emergencies, consultation with other staff and referrals made to the Home Care Corporation or other agencies in those cases which have been screened out. Casenotes shall also include discussion with Mandated Reporters concerning a decision to screen out an Intake. Casenotes shall have noted on the left side of the page the date (and in emergencies, the time) of the contact, the name of the person contacted and agency represented. Additional Casenotes pages may be added. Casenotes should not appear on the Intake Form for contacts made after the date next to the Screener signature.

PJL:CRF/cb

PROTECTIVE SERVICE AGENCY CODES

<u>P.S. AGENCY/HOMECARE</u>	<u>CODE</u>
Baypath Senior Citizens Services, Inc.	11
Bristol Elder Services, Inc.	12
Central Boston Elder Services, Inc.	13
Chelsea/Revere/Winthrop Elder Services, Inc.	14
Coastline Elderly Services, Inc.	15
Elder Home Care Services of Worcester Area, Inc.	16
Elder Services of Berkshire County, Inc.	17
Elder Services of Cape Cod & the Islands, Inc.	18
Elder Services of the Merrimack Valley, Inc.	19
Franklin County Home Care Corp.	20
Greater Lynn Senior Services, Inc.	21
Greater Springfield Senior Services, Inc.	22
Health & Social Services Consortium, Inc.	23
Highland Valley Elder Services, Inc.	24
Holyoke/Chicopee Regional Senior Services Corp.	25
Minuteman Home Care Corporation	26
Montachusett Home Care Corp.	27
Mystic Valley Elder Services, Inc.	28
North Shore Community Mental Health	29
North Shore Elder Services, Inc.	30
Old Colony Elder Services, Inc.	31
Senior Home Care Services, Inc.	32
Senior Home Care Services Boston III, Inc.	33
Somerville/Cambridge Elder Services, Inc.	34
South Shore Elder Services, Inc.	35
Southwest Boston Senior Services, Inc.	36
Tri-Valley Elder Services, Inc.	37
West Suburban Elder Services, Inc.	38

CLIENT
NAME: _____

ADDRESS: _____

EMP RESIDENCE: _____

REPORTER
NAME: _____AGENCY NAME/
REPORTER ADDRESS: _____

PHONE: ()

CASE #: _____

DATE: _____

TDC: _____

AM PM

PHONE: ()

CLIENT

AGE: _____

SEX: 1 MALE
2 FEMALE

PHONE: ()

Report Source by Agency: Mandated Reporters

1 Adult Day Health center
 2 Ambulance Service
 3 church/Synagogue
 4 COA
 5 Court
 6 D.A.'s Office
 7 Department of Public Health
 8 Disabled Persons Protection Commission
 9 Elder At Risk Agency
 10 Fire Department
 11 Home Care Corporation
 12 Home Health Aide Agency
 13 Homemaker Provider Agency
 14 Hospital
 15 Housing Authority
 16 Mental Health Center
 17 Nursing Home
 18 Nutrition Program
 19 Police
 20 Private Prac: Physician
 21 Private Prac: Therapist/Psychiatrist
 22 Utility Company
 23 VNA
 24 Other _____
 25 Unknown _____

Occupation/Relationship

1 Coroner
 2 EMT/EMT Tech
 3 Firefighter
 4 HC Casemanager
 5 HKA
 6 Homemaker
 7 Nurse/LPN
 8 Phys/occ Therapist
 9 Physician
 10 Police Officer
 11 Probation Officer
 12 Social Worker/Caseworker
 13 Therapist/Psychiatrist
 14 Visiting Nurse
 15 Other Mandated Reporter
 Specify: _____

16 Self-report
 17 Guard/Conservator
 18 Spouse
 19 Housemate
 20 Adult Child
 21 Other Family/Relatives
 22 Landlord
 23 Clergy/Rabbi
 24 Friend/Neighbor
 25 Attorney
 26 Victim Witness Advocate
 27 Govt Official
 28 Other: _____
 29 Unknown _____

DESCRIPTION OF ALLEGED ABUSE INCIDENTS
AND/OR CONDITION OF NEGLECT:

Include names, dates, times and specific facts

Continue on back

Elder Abuse Intake Form

DESCRIPTION OF ALLEGED ABUSE/ NEGLECT CONT: _____

SUMMARY OF ALLEGATIONS

Check all that apply

- 1 Physical Abuse
- 2 Emotional Abuse
- 3 Sexual Abuse
- 4 Neglect
- 5 Death by Abuse or Neglect
- 6 Other Allegations

FREQUENCY OF ABUSE/ NEGLECT

DURATION OF ABUSE/ NEGLECT

- First Incident
- 1 - 3 weeks
- 1 - 6 months
- 7 - 11 months
- 1 - 2 years
- 3 - 5 years
- 6 - 10 years
- More than 10 years
- Unknown

- Daily
- Weekly
- Monthly
- Episodic
- Unknown
- Increasing
- Decreasing
- Constant
- Unknown

SEVERITY OF ABUSE/ NEGLECT

- Life Threatening
- Risk of Serious Injury
- Risk of Minor Injury
- Unknown
- Increasing
- Decreasing
- Constant
- Unknown

SPECIFIC ALLEGATIONS

Serious Physical Abuse

- Bruises, Welts
- Sprains, Dislocations
- Burns, Scalding
- Abrasions, Lacerations
- Wounds, Cuts, Punctures
- Broken Bones
- Internal Injuries
- Sexual Assault
- Injury to Vital Organs/Head
- Other Unspecified Injuries

Emotional Abuse

- Sleep Disturbance
- Worried, Anxious
- Irritable, Easily Upset
- Change in Eating Habits
- Loss of Interest
- Fear of Retribution
- Suicidal Talk/Wishes
- Shaking, Frequent Crying
- Other:

Abusive Actions (emotional and physical)

- Insulted/ Swore/ Yelled at Victim
- Threatened, Coerced
- Pushed, Shoved
- Attempted to Harm
- Threw Objects at Victim
- Pushed, Grabbed Victim
- Struck or Kicked Victim
- Threatened Victim with Weapon
- Injured Victim with Weapon
- Forced Alcohol/Meds/Substance Use
- Physically Restrained
- Choked
- Isolated/Confined
- Locked In/Out of Home/Room
- Forced from Home
- Mutual Abuse
- Other:

Serious Neglect

- Filth, Vermin, Squalor
- Skin Rashes
- Sores
- Malnourishment

Serious Neglect Continued

- Dehydration
- Inappropriate Clothing
- Fecal/Urine Odor
- Untreated Medical Condition
- Disoriented/Confused/Becomes Lost
- Freq Falls with Injuries
- Homeless/Transient Living Conditions
- Other:

Neglectful Actions: Caregivers Withhold or Fail to Provide

- Adequate Food
- Adequate Personal Care
- Adequate Supervision
- Prescribed Medication
- Medical Equipment or Aids
- Access to Medical Treatment
- Shelter
- Adequate Heat
- Utilities: Elec/Water
- Other:

Physical Environmental Problems

- Disrepair
- Level of Cleanliness
- Architectural Barriers
- Kitchen/Bathroom Facilities
- Living/Sleeping Area
- Utilities
- Fire Safety
- Pest Control
- Other:

Other Allegations

- Mismanagement of Income
- Misappropriation of Income
- Extortion
- One-time Assault by Unknown Assailant
- Marital Dispute
- Homeless
- Legal Problem
- Landlord/Tenant Dispute
- Community Discomfort with Life-style
- Other:

RISK OF FUTURE ABUSE OR SERIOUS INJURY/ WHEN: _____

IS MEDICAL TREATMENT REQUIRED IMMEDIATELY: YES NO UNKNOWN

TENTATIVE DIAGNOSIS/ TREATMENT NEEDED: _____

PERSONS PROVIDING CARE:

1 NAME: _____ AGE: _____ RELATIONSHIP: _____

ADDRESS: _____ PH: () _____

2 NAME: _____ AGE: _____ RELATIONSHIP: _____

ADDRESS: _____ PH: () _____

3 NAME: _____ AGE: _____ RELATIONSHIP: _____

ADDRESS: _____ PH: () _____

4 NAME: _____ AGE: _____ RELATIONSHIP: _____

ADDRESS: _____ PH: () _____

OTHER PERSONS NAMED IN THE DESCRIPTION OF ALLEGED ABUSE/ NEGLECT:

5 NAME: _____ AGE: _____ RELATIONSHIP: _____

ADDRESS: _____ PH: () _____

6 NAME: _____ AGE: _____ RELATIONSHIP: _____

ADDRESS: _____ PH: () _____

Preferred Language

Cape Verdean Creole
 Chinese
 English
 Finnish
 French
 Greek
 Haitian Creole
 Italian
 Khmer (Cambodian)
 Lao
 Polish
 Portuguese
 Russian
 Sign Language
 Spanish
 Other: _____
 Unknown

 English SpokenCommunication Barriers: _____

PERSONS AWARE A REPORT HAS BEEN MADE

Elder Persons: 1 2 3 4 5 6

ACCESS TO ELDER

Elder Accessible
 See Outside of Home
 Access By Phone Only
 Person Barring Access
 Whereabouts Unknown

 Other barriers: _____ Unknown

ELDER'S RESPONSE

Wants Assistance
 Refusing Visit
 Fears Retribution
 No Response
 Unknown

RISK TO CASEWORKER

Guns/Weapons in Home
 Easily Agitated
 History of Assaults on Others
 Psychiatric History
 Alcohol/Drug Abuse History
 High Crime Area
 Dogs
 Other: _____
 Unknown

MENTAL STATUS

Alert/ Oriented
 Confused/ Disoriented
 Unknown

OTHER PERSONS KNOWLEDGEABLE OF THE ELDER

Name _____ Agency/Rel _____ Address _____ Phone _____

To Be Completed by the Protective Services Supervisor or Designated Backup Supervisor

SCREENING DECISION		
1 <input type="checkbox"/> Screened In	2 <input type="checkbox"/> Screened Out	3 <input type="checkbox"/> Multiple Report
SCREENED IN STATUS		SCREENED OUT STATUS
1 <input type="checkbox"/> Emergency	1 <input type="checkbox"/> No Reportable Condition	
2 <input type="checkbox"/> Non Emergency	2 <input type="checkbox"/> Presently Open	
CASE STATUS		
1 <input type="checkbox"/> New Referral	2 <input type="checkbox"/> Open PS Case	3 <input type="checkbox"/> Closed PS Case

REASON FOR EMERGENCY OR NON-EMERGENCY STATUS: _____

REASON FOR INTAKE SCREENED OUT: _____

INTAKE WORKER _____ Hotline _____ Signature _____ Date _____

SCREENER _____ Signature _____ Date _____

COLLATERAL CONTACTS/EMERGENCY RESPONSE/REFERRAL CASENOTES:

HOTLINE REFERRAL

Hotline
Use
Only

Emergency Response (HRF Encl)

Non-Emergency

Recipient of Referral: _____

Date: _____ Time: _____ Date Mailed: _____

Reason for Non-Emergency Status: _____

EXECUTIVE OFFICE OF ELDER AFFAIRS

Home Care Corporations/Area Agencies on Aging
Index

	<u>Page - Region</u>
*Baypath Senior Citizens Services, Inc.....	1 IIIJ
*Bristol Elder Services, Inc.....	1 IVB
Central Boston Elder Services, Inc.....	1 VI
*Chelsea/Revere/Winthrop Elder Services.....	1 IID
*Coastline Elderly Services, Inc.....	1 IVC
*Commission on Affairs of the Elderly.....	1 VI
Elder Home Care Services of the Worcester Area, Inc.....	2 II
*Elder Services of Berkshire County, Inc.....	2 IA
*Elder Services of Cape Cod and the Islands, Inc.....	2 IVD
*Elder Services of the Merrimack Valley, Inc.....	2 V
*Franklin County Home Care Corporation.....	2 IB
*Greater Lynn Senior Services, Inc.....	2 IIIC
*Greater Springfield Senior Services, Inc.....	3 IE
*Health & Social Services Consortium, Inc. (HESSCO).....	3 IIIK
*Highland Valley Elder Services, Inc.....	3 IC
*Holyoke/Chicopee Regional Senior Services Corp.....	3 ID
*Minuteman Home Care Corporation.....	3 IIIG
Montachusett Home Care Corporation.....	3 II
*Mystic Valley Elder Services, Inc.....	4 IIIE
*North Shore Elder Services, Inc.....	4 IIIB
Old Colony Elderly Services, Inc.....	4 IVA
*Old Colony Planning Council.....	4 IVA
*Region II Area Agency on Aging, Inc.....	4 II
*Senior Home Care Services, Inc.....	4 II-IA
Senior Home Care Services Boston III, Inc.....	5 VI
*Somerville/Cambridge Elder Services, Inc.....	5 IIIF
*South Shore Elder Services, Inc.....	5 IIIIL
Southwest Boston Senior Services, Inc.....	5 VI
Tri-Valley Elder Services, Inc.....	5 II
*West Suburban Elder Services, Inc.....	5 IIIH

*Area Agency on Aging

EXECUTIVE OFFICE OF ELDER AFFAIRS
Home Care Corporations/Area Agencies on Aging

*Baypath Senior Citizens Services, Inc.
P.O. Box 2625
Central Station
Framingham, MA 01701
(508) 620-0840; Toll Free: (800) 448-0110
Maria Steele, President
Donald Medd, Exec. Director

====

Ashland, Dover, Framingham, Holliston,
Hopkinton, Hudson, Marlborough, Natick,
Northborough, Sherborn, Southborough,
Sudbury, Wayland, and Westborough.

*Bristol Elder Services, Inc.
182 North Main Street
Fall River, MA 02720
(508) 675-2101
Ethel S. O'Brien, Chairman
Carol Nagle, Director

====

Attleboro, Berkley, Dighton, Fall River,
Freetown, Mansfield, North Attleboro, Norton,
Raynham, Rehoboth, Seekonk, Somerset,
Swansea, Taunton, and Westport.

Central Boston Elder Services, Inc.
812 Huntington Avenue
Boston, MA 02115
(617) 277-7416
Lois Hunter, President
Paul McLaughlin, Director

====

Allston, Back Bay, Brighton, Fenway,
Jamaica Plain, North Dorchester, Parker Hill,
Roxbury, and South End.

*Chelsea/Revere/Winthrop
Elder Services
300 Broadway
P.O. Box 189
Revere, MA 02151
(617) 286-0550
Edward Greenberg, President
James P. Cunningham, Jr., Director

====

Chelsea, Revere, and Winthrop.

*Coastline Elderly Services, Inc.
106 Huttleston Avenue
Fairhaven, MA 02719
(508) 999-6400
Nancy Salander, President
Charles Sisson, Executive Director

====

Acushnet, Dartmouth, Fairhaven, Gosnold,
Marion, Mattapoisett, New Bedford, and
Rochester.

*Commission on Affairs of the Elderly (Boston)
One City Hall Square
Room 271
Boston, MA 02201
(617) 725-4366; Hot Line: 725-4646
TDD: (725-4587)
Diane Watson, Commissioner

====

*Area Agency on Aging

Home Care Corporations/Area Agencies on Aging

Elder Home Care Services of
Worcester Area, Inc.
1241 Main Street
Worcester, MA 01603
(508) 756-1545

James Fanale, M.D., President
Lois Green, Director

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Auburn, Barre, Boylston, Grafton,
Hardwick, Holden, Leicester, Millbury,
New Braintree, Oakham, Paxton, Rutland,
Shrewsbury, West Boylston, and Worcester.

*Elder Services of Berkshire
County, Inc.
100 North Street
Pittsfield, MA 01201
(413) 499-1353;
Toll Free: (800) 292-5011
Francis Wilson, President
Catherine May, Director

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Adams, Alford, Becket, Cheshire, Clarksburg,
Dalton, Egremont, Florida, Great Barrington,
Hancock, Hinsdale, Lanesborough, Lee, Lenox,
Monterey, Mount Washington, New Ashford,
New Marlborough, North Adams, Otis, Peru,
Pittsfield, Richmond, Sandisfield, Savoy,
Sheffield, Stockbridge, Tyringham, Washington,
West Stockbridge, Williamstown, and Windsor.

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*Elder Services of Cape Cod
and the Islands, Inc.
68 Route 134
South Dennis, MA 02660
(508) 394-4630;
Toll Free: (800) 352-7178
Mrs. Linnea Gordon, President
Sarah Fogerty, Director

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Barnstable, Bourne, Brewster, Chatham,
Chilmark, Dennis, Eastham, Edgartown,
Falmouth, Gay Head, Harwich, Mashpee,
Nantucket, Oak Bluffs, Orleans, Provincetown,
Sandwich, Tisbury, Truro, Wellfleet, West
Tisbury, and Yarmouth.

*Elder Services of the Merrimack
Valley, Inc.
420 Common Street
Lawrence, MA 01840
(508) 683-7747;
Toll Free: (800) 892-0890
Leon Summers, Ph.D., President
Rosanne DiStefano, Director

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Amesbury, Andover, Billerica, Boxford,
Chelmsford, Dracut, Dunstable, Georgetown,
Groveland, Haverhill, Lawrence, Lowell,
Merrimack, Methuen, Newbury, Newburyport,
North Andover, Rowley, Salisbury, Tewksbury,
Tyngsborough, Westford, and West Newbury.

*Franklin County Home Care Corp.
Central Street
Turner Falls, MA 01376
(413) 863-9565
Paul Douglas, President
Patricia Kerrins, Director

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Ashfield, Athol, Bernardston, Buckland,
Charlemont, Colrain, Conway, Deerfield,
Erving, Gill, Greenfield, Hawley, Heath,
Leverett, Leyden, Monroe, Montague, New Salem,
Northfield, Orange, Petersham, Phillipston,
Rowe, Royalston, Shelburne, Shutesbury,
Sunderland, Warwick, Wendell, and Whately.

*Greater Lynn Senior Services, Inc.
8 Silsbee Street
Lynn, MA 01901
(617) 599-0110
Thomas Lowe, President
Vince Lique, Director

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Lynn, Lynnfield, Nahant, Saugus, and
Swampscott.

Home Care Corporations/Area Agencies on Aging

*Greater Springfield Senior Services, Inc.
66 Industry Avenue
Springfield, MA 01104
(413) 781-8800
William G. Sheehan, President
Patricia K. Clark, Director

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Agawam, Brimfield, East Longmeadow, Hampden, Holland, Longmeadow, Monson, Palmer, Springfield, Wales, West Springfield, and Wilbraham.

*Health & Social Services Consortium, Inc. (HESSCO)
IGO Building
Carpenter Street
Foxborough, MA 02035
(508) 769-7440; 543-2611; Toll Free: (800) 462-5221
Barbara Cade, President
Mary Jean McDermott, Director

=====

Canton, Dedham, Foxborough, Medfield, Millis, Norfolk, Norwood, Plainville, Sharon, Walpole, Westwood, and Wrentham.

*Highland Valley Elder Services, Inc.
320 Riverside Drive
Northampton, MA 01060
(413) 586-2000;
Toll Free: (800) 322-0551
Edward J. Lawton, Jr., President
Robert V. Gallant, Director

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Amherst, Blandford, Chester, Chesterfield, Cummington, Easthampton, Goshen, Granville, Hadley, Hatfield, Huntington, Middlefield, Montgomery, Northampton, Pelham, Plainfield, Russell, Southampton, Southwick, Tolland, Westfield, Westhampton, Williamsburg, and Worthington.

*Holyoke/Chicopee Regional Senior Services Corporation
198 High Street
Holyoke, MA 01040
(413) 538-9020;
Hot Line: (800) 462-2301
Elizabeth O'Connell, President
Priscilla L. Chalmers, Director

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Belchertown, Chicopee, Granby, Holyoke, Ludlow, South Hadley, and Ware.

*Minuteman Home Care Corporation
24 Third Avenue
Burlington, MA 01803
(617) 272-7177
Malcolm Thompson, President
Joan Butler-West, Director

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Acton, Arlington, Bedford, Boxborough, Burlington, Carlisle, Concord, Harvard, Lexington, Lincoln, Littleton, Maynard, Stow, Wilmington, Winchester, and Woburn.

Montachusett Home Care Corporation
545 Westminster Street
Fitchburg, MA 01420
(508) 345-7312
Margaret Kielty, President
Eleanor Gilmartin, Director

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Ashburnham, Ashby, Ayer, Berlin, Bolton, Clinton, Fitchburg, Gardner, Groton, Hubbardston, Lancaster, Leominster, Lunenberg, Pepperell, Princeton, Shirley, Sterling, Templeton, Townsend, Westminster, and Winchendon.

Home Care Corporations/Area Agencies on Aging

*Mystic Valley Elder Services, Inc.
661 Main Street, Suite 110
Malden, MA 02148
(617) 324-7705
M. Kent Fletcher, President
Daniel O'Leary, Director

=====

Everett, Malden, Medford, Melrose, North
Reading, Reading, Stoneham, and Wakefield.

*North Shore Elder Services, Inc.
152 Sylvan Street
Danvers, MA 01923
(508) 750-4540
TDD: (744-4184)
M. Jeanne Ahern, President
Janet McAweeney, Director

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Danvers, Marblehead, Middleton, Peabody, and
Salem.

Designated Protective Service Agency
Health & Education Services, Inc.
162 Federal Street
Salem, Massachusetts 01970
Phone: 508-745-2440 or 535-6220

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*Old Colony Elderly Services, Inc.
144 Main St./P.O. Box 1586
Brockton, MA 02403
(508) 584-1561; 697-3338;
586-3700; Toll Free: (800) 242-0246
Beatrice Calderwood, President
Edward T. Donovan, Director

=====

Abington, Avon, Bridgewater, Brockton, Carver,
Duxbury, East Bridgewater, Easton, Halifax,
Hanover, Hanson, Kingston, Lakeville,
Marshfield, Middleborough, Pembroke, Plymouth,
Plympton, Rockland, Stoughton, Wareham,
West Bridgewater, and Whitham.

*Old Colony Planning Council
70 School Street
Brockton, MA 02401
(508) 583-1833
Robert Smith, President
Daniel M. Crane, Director

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Abington, Avon, Bridgewater, Brockton, Carver,
Duxbury, East Bridgewater, Easton, Halifax,
Hanover, Hanson, Kingston, Lakeville,
Marshfield, Middleborough, Pembroke, Plymouth,
Plympton, Rockland, Stoughton, Wareham,
West Bridgewater, and Whitham.

*Region II Area Agency on Aging, Inc. See Worcester, Montachusett and Tri-Valley.
1128 Main Street
Holden, MA 01520
(508) 829-5364;
Toll Free: (800) 322-3032
Lorraine Remby, President
Catherine Fellenz, Exec. Director

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*Senior Home Care Services, Inc.
2 Main Street
Gloucester, MA 01930
(508) 281-1750
Shirley Needham, President
Guntis Licis, Director

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Beverly, Essex, Gloucester, Hamilton, Ipswich,
Manchester, Rockport, Topsfield, and Wenham.

Home Care Corporations/Area Agencies on Aging

Senior Home Care Services
Boston III, Inc.
600 Washington Street (6th Floor)
P.O. Box 29
Boston, MA 02112
(617) 451-6400
Henrietta Murray, President
Terry Ann Lunt, Director

=====

Beacon Hill/West End, Charlestown, Chinatown,
Columbia Point, Dorchester, East Boston,
East Mattapan, North End, and South Boston.

*Somerville/Cambridge Elder
Services, Inc.
One Davis Square
Somerville, MA 02144
(617) 628-2601; 2602
TDD: (628-1705)
Mary Mullen, President
John F. O'Neill, Director

=====

Cambridge and Somerville.

*South Shore Elder Services, Inc.
639 Granite Street
Braintree, MA 02184
(617) 749-6832; 383-9790; 848-3910
June Williams, President
Susan Young, Director

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Braintree, Cohasset, Hingham, Holbrook, Hull,
Milton, Norwell, Quincy, Randolph, Scituate,
and Weymouth.

Southwest Boston Senior
Services, Inc.
23 Florence Street
Roslindale, MA 02131
(617) 325-6565; 6566
Harry Douglas, President
Eileen Cohen-Bogle, Director

=====

Hyde Park, South Jamaica Plain, Roslindale,
West Roxbury, and West Mattapan.

Tri-Valley Elder Services, Inc.
284 Worcester Street
Southbridge, MA 01550
(508) 764-2501
Toll Free 1-800-462-5225
William Walker, President
Bernard Gagnon, Director

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Bellingham, Blackstone, Brookfield, Charlton,
Douglas, Dudley, East Brookfield, Franklin,
Hopedale, Medway, Mendon, Milford, Milville,
Northbridge, North Brookfield, Oxford,
Southbridge, Spencer, Sturbridge, Sutton,
Upton, Uxbridge, Warren, Webster, and
West Brookfield.

*West Suburban Elder Services, Inc.
Parker Office Building
124 Watertown Street
Watertown, MA 02172
(617) 926-4100
David Rockwell, President
Carol Oram, Director

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Belmont Brookline, Needham, Newton, Waltham,
Watertown, Wellesley, and Weston.

APPENDIX F

FY '89 CONTRACTED GUARDIANSHIP AGENCIES

Agency

Areas Covered

Family & Children's Service
of Greater Lynn
111 North Common Street
Lynn, MA 01902
Tel: (617) 598-5517

Chelsea/Revere/Winthrop,
Greater Lynn, Merrimack Valley
Mystic Valley, Minuteman,
North Shore Comm. Mental Health,
Senior Home Care/Gloucester

Family Services of Greater Boston
34 1/2 Beacon Street
Boston, MA 02108
Tel: (617) 523-6400

Central Boston, Senior Home Care/
Boston III, Southwest Boston,
Somerville/Cambridge, West Suburban,
South shore

Jewish Family & Children Service
31 New Chardon Street
Boston, MA 02114
Tel: (508) 227-6641

Central Boston, Senior Home Care/
Boston III, Southwest Boston,
Somerville/Cambridge, West Suburban,
Mystic Valley, Minuteman, Old Colony
and Chelsea/Revere/Winthrop

Family Service Association
of Greater Fall River
151 Rock Street
Fall River, MA 02720
Tel: (508) 676-6811

Bristol, Cape Cod & The Islands, Old Colony
Coastline and HESSCO

Northern Berkshire Mental Health
85 Main Street - Suite 500
North Adams, MA 01247
Tel: (413) 664-4541

Berkshire County & Franklin County

River Valley Counseling Center
326 Appleton Street
Holyoke, MA 01040
Tel: (413) 536-8221

Greater Springfield,
Highland Valley, Holyoke/Chicopee

Jewish Family Service
of Worcester
646 Salisbury Street
Worcester, MA 01609
Tel: (508) 755-3101

Baypath, Worcester, Montachusett,
Tri-Valley

ACME
BOOKSELLERS CO., INC.

NOV 30 1991

100 CANTON STREET
CHARLESTOWN, MASS

